

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

December 4, 1993



**Millar to step down from SPGC chair**

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**NPA sets date for Tanna EGM**

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**Fine fragrance smelling sweet after the MMC**

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**C&D talks to Gibbs' Rogers**

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**United Drug to join Numark?**

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**Festive remedies — Yule be sorry**

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# The irritation stops here.



When inflamed and irritated skin is caused by irritant or allergic contact dermatitis, you can't recommend a more effective treatment than HC45.

This leading 1% hydrocortisone is a non-greasy cream that relieves irritation and itching – fast. Reducing redness and swelling, it soothes and calms soreness, and promotes healing.

Produced by the makers of Cream E45, HC45 is a safe and effective treatment (97% of customers are satisfied with 1% hydrocortisone, while 99% report no side effects<sup>1</sup>).

So when a customer complains of itchy, irritated, inflamed skin, the E45 range should be your first thought. And HC45, your first recommendation.

REFERENCE: 1. Data on file, Crookes Healthcare Ltd., August 1992. **PRODUCT INFORMATION HC45:** Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** HC45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.29. **Legal category:** P. **Product licence number:** PL 0327/0039. **Cream E45:** White bland emollient



cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubes containing 125g and also 500g. **RSP:** Tube 50g £1.65. Tub 125g £3.35. Tub 500g £7.85. **Legal category:** GSL. **Product licence number:** PL 0327/5904. **Crookes Healthcare Ltd.** Nottingham NG2 3AA.

SAFE AND EFFECTIVE TREATMENT FOR INFLAMED AND IRRITATED SKIN

# CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST  
& PHARMACY UPDATE

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## Comment

For community pharmacists faced with a choice of first and second-line wholesalers, the choice is becoming bewildering. Not that there is more choice — the number of wholesalers is steadily diminishing as regional wholesalers are absorbed by AAH, Lloyds' Barclay Enterprise or Unichem — simply that some of the allegiances being forged require significant shifts of mind-set and money.

First the two main full-line wholesalers switch from buying pharmacies to franchise to putting them into managed chains, swelling their buying power through vertical integration — AAH now have 246 and Unichem 254. Meanwhile Lloyds Chemists, after growing exponentially over their first ten years to 853 pharmacies, have taken a back seat in recent months and switched attention to full-line wholesaling, making their sophisticated self-distributorship operation available to independent pharmacies, recently adding a Scottish and Northern Ireland focus with the purchase of Hamilton's and Dobbin & Stewart.

AAH full-year figures appear to reflect the loss of Lloyds' direct business as well as custom switching to Lloyds' wholesale from their traditional consumer base. AAH have chosen to try and match Barclay's single OTC case discount, while Unichem have used Goldpartners to maintain customer loyalty.

And Numark have seen their independent wholesaler base shrink and with it their buying power. Present moves to keep a

grip on Scottish business by apparently denying Barclay access to the Numark franchise and passing distributorship to Unichem, have an absurd logic about them (see **Xrayser** p991). (Apparently it is common for any two of the three grocery VTOs — Mace, Spar and VG — to distribute for one another in an area, to the exclusion of the third.)

The same Alice in Wonderland logic could apply to Unichem's bid for Bradford Chemists Alliance — presumably Unichem is confident that it can maintain the loyalty of community pharmacist shareholders once the pharmacist-owned group is swallowed by the public company! Some significant pharmacy figures, including Numark Retail Advisory Board chairman Peter Marshall, are objecting to the bid and to the loss of co-operative benefits. A conundrum for Mr Marshall, indeed, favouring the Unichem link with Numark as RAB chair, but privately opposing Unichem's BCA bid.

What, then, will he and others make of Numark's premature announcement of their hoped-for tie-in with United Drug in Ireland or of their failure to contest the Nucare VTO being set up by the Oshwal Group (p1024)? Nucare could steal the 20-year-old's thunder and customers as well as its original name (Care Chemists became Numark after Society intervention shortly after it was set up).

Curiouser and curiouser. Confusion reigns, and with it less choice for pharmacists and manufacturers hoping to strike a deal with a wholesaler.

# Millar to step down as SPGC chairman

Graeme Millar is to resign as chairman of the Scottish Pharmaceutical General Council from March 31, 1994, following his appointment as chairman designate of the newly created Edinburgh Sick Children's NHS Trust.

Fearing a conflict of interest between the two positions, Mr Millar told *C&D*: "As chairman of a Trust, you are accepting Government policy, accepting the Queen's shilling, whereas in

the General Council you have to negotiate with them."

To avoid potential difficulties in reconciling activities associated with the two bodies when he takes up his new position in April, Mr Millar felt it best to resign. But he will still be an active participant in the affairs of the SPGC and the Scottish Pharmaceutical Standing Committee.

Mr Millar is the first chairman of the General Council to be elected for two terms of office, serving for five years. A new chairman will be elected at the next Council meeting in March.

Coincidentally, the previous past chairman of the Council, Ian Mullen, has also been appointed chairman of an NHS trust — the Falkirk and District Royal Infirmary Trust — also beginning next April.

Mr Millar himself is unique in having been awarded the title of Youngest Trust Chairman in Scotland.

Mr Millar believes that pharmacists have skills which make them good candidates to chair trusts.

"Our knowledge of medical language combined with our

business skills make us unique."

The trust of which he is chairman designate is formerly the Sick Children's Hospital in Edinburgh, demanding a high profile in terms of politics and Press.

Vice-chairman of the Council, Alan Taylor, says: "During his five years as chairman, Mr Millar has achieved considerable advances in the remuneration structure for Scottish contractors. His breadth of knowledge of the NHS has proved exceedingly valuable to Council. I'm sure he will do an excellent job in his new role."

Pat Duncan, chairman of the Scottish Executive, echoes Mr Taylor's praise: "Graeme has been a great asset to Council over the years, particularly during his time as chairman."

"We recognise the work he has done for Council and the profession and wish him well in his new endeavours."

Mr Millar still retains his positions on the National Pharmaceutical Advisory Committee to the Scottish Office, the Joint Medical Advisory Committee and the Advisory Committee on Borderline Substances.

## Dartford exchange scheme expanded

A needle exchange scheme in Dartford and Gravesend, Kent, has been expanded following the allocation of £15,000 from South East Thames Regional Health Authority.

Three pharmacies in the area have been involved with the scheme since 1990, receiving no remuneration for the service. Now the service is being offered by 14 pharmacies, each paid a retainer of £120 per quarter and a further sum for every syringe given out.

The scheme is operated by the local Hollies Project, which provides advice and counselling on drug and alcohol abuse.

Director Joe O'Connor told *C&D*: "We approached the pharmacies involved and now feel that we have a reasonable geographical area covered."

## Guild circulates strategic plan for future

The Guild of Hospital Pharmacists has produced a strategic plan which it has circulated to all group secretaries.

It says influences for the plan include the accelerated pace of NHS reforms, the demise of Whitley and the continued threat of privatisation and commercial takeover.



Graeme Millar: stepping down

## Liverpool negotiates rethink on exchanges

Liverpool Local Pharmaceutical Committee has negotiated a "radical rethink" of the total remuneration package available to contractors involved in syringe and needle exchange. The breakthrough came at a meeting with the Heath Authority on November 30.

Jeremy Clitherow, LPC secretary and negotiator for the exchange scheme, told *C&D*: "It's a big step forward for both sides. The scheme will now be based on need and health gain, rather than a division of an erroneous allocation based on head count."

Previously, the head count was based on the number of people aged 15-35 years not the number of drug addicts in the city.

The purchasers have agreed to four principles on how payment should be made. These are:

- needs of the city
- equity of payment for pharmacists
- reflection of the quality of the service
- recognition of the effectiveness of the service.

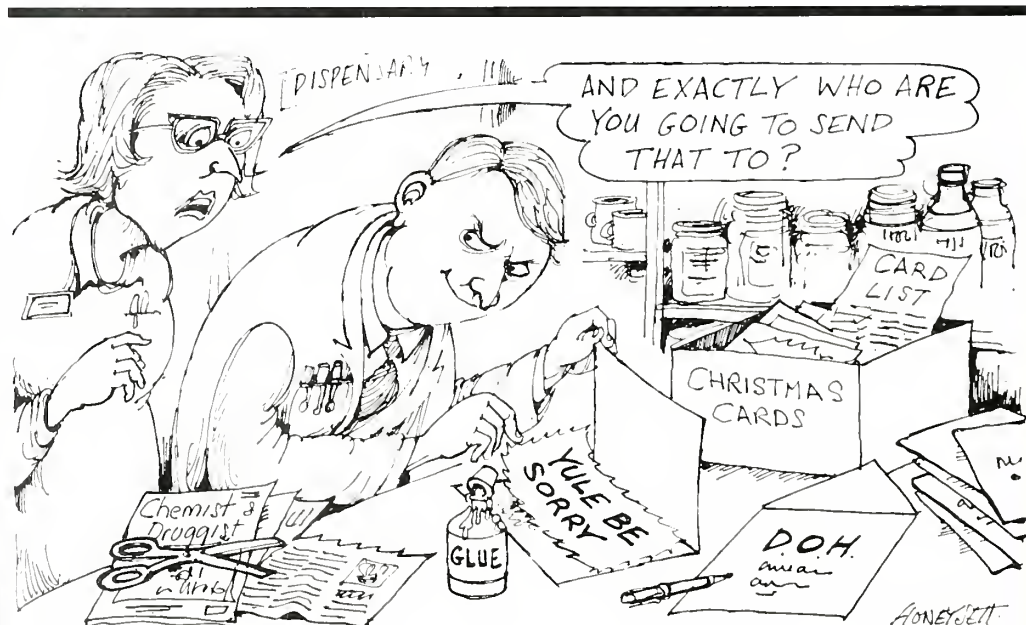
The purchasers agreed to three LPC proposals on remuneration: • pharmacists should receive a retention fee giving parity with the health promotion banding, for example such as that for asthma

- there must be an insurance indemnity scheme
- payment should be made on a sliding scale from the baseline of the retention fee plus a fee per transaction.

The purchasers agreed to back-date remuneration improvements.

"The resignations are to be

held on file, pending the outcome of the next meeting between purchasers and the exchangers, provisionally scheduled for January," said Mr Clitherow. "No matter what the outcome, no determined or potential injector will ever be denied access to sterile injecting equipment."



## Date now fixed for Tanna's EGM

Ashwin Tanna has collected enough signatures to call an Extraordinary General Meeting to discuss altering the Articles of Association to restrict the qualifications for Board membership, the NPA Board heard at its meeting.

The EGM will be called for Sunday, February 20, at 2pm in London. Mr Tanna will be out of the country during January.

The chairman said that the vote to be taken on Mr Tanna's motion would be done by a postal referendum of all NPA members. Voting papers would be sent out during the last week of February, and members would be given a fortnight to return their votes.

Counting would be supervised by independent auditors, and the result would be declared at a continuation of the EGM on March 22.

The plan is designed to give a clear, continuing direction to the organisation and council, and provides members with a vision of the Guild's future. Objectives for the Guild as a whole and its various constituent committees are contained in the plan.

Key targets include developing a financial strategy, improving the uptake of awards, ensuring a more effective contribution to the education of hospital pharmacists and developing a *British Journal of Hospital Pharmacy*.

- The Guild has welcomed the extension of circular HC(88)54 — The Way Forward for Hospital Pharmaceutical Services — beyond its cancellation date of October 31, and the Government's consideration of the necessity for further guidance on clinical pharmacy.

- The Guild is exploring "mutual opportunities" with the British Pharmaceutical Students' Association, including the possibility of corporate membership. The GHP also reports positive talks with the Young Pharmacists' Group, which include the possibility of a combined study day to be held next year.

- The Guild has been asked to meet the Department of Health to discuss the "Health of the Nation", in particular the high rate of suicides among pharmacists.

- On the subject of the reforms of regional health authorities, the Guild has written to the NHS Management Executive to ask for more information on proposals and timescales.

- The Guild's next weekend school will be held at the University of Liverpool from April 8-10, 1994.

## Flu epidemic monitored by new service

The level of colds and flu is already above that reported at any time last year, according to a new monitoring system from Warner-Lambert Health Care. In London, a quarter of doctors are reporting an epidemic in progress, an increase from just 8 per cent last week.

The service, called the Benylin Cold and Flu Watch, uses data supplied by the Meditex research organisation. Each Monday, a national sample of GPs are asked to assess the level of consultations for colds and flu during the previous week. Their responses are then collated on a national and regional basis.

To demonstrate weekly trends and give comparability for last Winter, the data is referred to a base level, which is the average weekly level of cold and flu consultations for the key 24 weeks of last Winter. This average has been given an index of 1000, and all data for the current year is referred to this base level.

The seven days ending November 22 had a national Benylin Index of 1675, up from 1524 in the previous week. This was the fifth successive week of indices higher than in either of the two highest weeks in the whole of last Winter.

Nationally, 45 per cent of GPs

reported a very heavy rate of colds and flu, and a further 16 per cent reported that an epidemic was in progress.

Scottish (STV) and the Grampian TV region have been the worst hit, with a Benylin Index this week of 1835, followed by Yorkshire and Tyne-Tees (1805) and Wales and the West (1781). Central (1513) and the Granada and Border areas (1543) had the lowest incidence.

Warner-Lambert believe that the Benylin Cold and Flu Watch will be an important aid in predicting periods of heavy retail demand for OTC products in the relevant treatment categories.

## NPA backs application for review in relocation case

The National Pharmaceutical Association is to support a Gloucestershire member in his application for judicial review of a decision by the Appeal Unit in a minor relocation case.

The Board felt the case would clarify the Boots Cumbria ruling of 1988. On that occasion, the High Court indicated that whether a proposed move was minor was a question of fact and degree, with distance and geography being the main considerations. Whether the population to be served would be the same in the new location was also relevant.

But it was never made entirely clear whether the phrase "population to be served" referred to the population of the neighbourhood or to patients of a particular GP's surgery.

The current case involves a move of only 120m from a High Street site into a doctor's surgery, "leapfrogging" another pharmacy — the NPA member — on the way. The Family Health Services Authority originally disallowed the application for a minor relocation, but its decision was overturned on appeal.

The case for a judicial review would centre on the fact that the Appeal Unit failed to take into account the effect of the relocation on the population to be served. It would be argued that a high proportion of people who do not currently have their prescriptions dispensed by the applicant pharmacy would do so in future because of the move into the doctor's surgery. This would be to the detriment of the NPA member's business.

The High Court would be told that pharmacies are uniquely sensitive among High Street traders to even small changes in location.

**Ad campaign moves to radio**

McCann Erickson, the NPA's advertising agency, has proposed an advertising campaign for 1994 to include local radio.

They would coincide with "sounds of pharmacy" Press ads which would run in women's magazines in three seasonal bursts, April, July and October.

Three adverts in the new style had already appeared in the *Wellbeing* magazine, and members looked forward to seeing the new hayfever advert in the April/May editions of *Best*, *Family Circle*, *She*, *Prima*, *Good Housekeeping*, *Reader's Digest*, *Woman* and *Woman's Own*.

**Unauthorised use of pharmacy money** The Board was concerned about growing unauthorised use of money ring-fenced for paying pharmacists to provide certain services to the community.

In one FHSA, the regional development officer had commissioned a £30,000 research project to evaluate the development of pharmacy-based needle and syringe schemes. Although having no objection to the project as such, the Board was concerned to hear that funding for it had come from money for pharmacists.

This example seemed to confirm members' fears that not all the Department of Health money being routed through FHSAs would in fact reach the contractors for whom it was intended. They agreed to ask the PSNC to take up the matter.

**NPA nominees on PSNC** During the recent debate on the profession's reaction to remuneration proposals, there was a widespread misunderstanding of the role of the NPA's nominees on the PSNC.

Board members wanted to make sure it was understood that nominees are not and never have been directed or mandated how to vote, and do not vote *en bloc*.

The chairman will write to the

Press setting out the position.

**Practice research** The NPA has decided to become actively involved in commissioning and funding practice research projects in view of the Department of Health's calls for hard, scientific evidence whenever the profession makes claims about the cost-benefits of pharmacists to the NHS.

The Board asked for a discussion paper on how an NPA practice research fund might work to be brought before the next meeting in January.

**Representations to the Medical Defence Union and the Medical Protection Society** NPA director Tim Astill is to speak to the MDU and the MPS about matters concerning NPA members.

## PIP Code: NPA statement

The National Pharmaceutical Association has received a number of inquiries from PIP Code users following the disclosure that a winding up petition has been served on Fairscan Management Systems Ltd (C&D November 20 p930).

Fairscan have held the official PIP Code database on behalf of the NPA, which is the PIP Code Regulatory Authority, but all key data are duplicated in the C&D Price List database, C&D being joint copyright holder with the NPA.

C&D already allocates all PIP Codes and will continue to do so. Any services normally provided to licensees by the NPA will be made available from the C&D database until the Fairscan situation is resolved.

# Self-medication makes the most of pharmacists

News

"Self-medication makes the most of the wealth of professional expertise which is on hand in over 10,000 community pharmacies in England," Minister for Health Dr Brian Mawhinney told a pharmaceutical conference in London on November 29.

Self-medication also helped family doctors to use their time and money more effectively and encouraged people to be more interested in and committed to their own health, he said.

"The 'Health of the Nation' White Paper stated quite clearly that health is not just a matter for governments, doctors and drug companies. It recognised the importance of fostering and sustaining individual responsibility for health. Self-medication sits well with this philosophy."

Dr Mawhinney said there was a widely held misconception that a GP's terms of service in the NHS prevents him or her from recommending an over-the-counter product to a patient. This had arose from the wording of the terms of service which appeared to say that, where a GP believes a particular drug is required, the doctor shall issue an NHS prescription for it.

"That apparent requirement needs to be seen in the broader context of the relationship between patient and family doctor," he explained. "GPs' obligations are in all cases dependent on the consent of the patient. What is important is that patients be offered the choice between a prescription under the NHS and a recommendation to purchase a product OTC."

Looking to the future, the Minister emphasised the need for

discussion between industry and governments, addressing the issue of value for money.

"It would be too easy for a government to argue simply that costs are too high and demand that they are cut. We want a vigorous industry which can continue to develop new and better medicines for patients."

"There are limits to what governments can afford, in all countries. The industry cannot present government with ever-

increasing bills — even for research and development. The industry has got to be able to show governments that all of the public expenditure being paid out is cost-effective and that the bills are worth paying."

Dr Mawhinney said he was pleased that new procedures for moving products from POM to P status were quicker and easier to follow. Work continued to see what further improvements could be made, he said.

## NPA and HEA collaborate

The National Pharmaceutical Association and the Health Education Authority are collaborating on a resource pack for pharmacists on health promotion.

The pack, which should be available in the new year, has been compiled by the NPA's information department with the HEA paying for the printing and

distribution. The package comes in two sections.

The first includes ideas for health promotion with practical advice for pharmacists such as how to display leaflets and so on. The second part focuses on specific topics from the Government's "Health of the Nation" initiative.

## Fog does not deter the Pharmacy Drive

Despite an extremely foggy morning which delayed their start, Liverpool pharmacist Hassan Argomandkhah and his staff managed to get round most of the 200 pharmacies in the Liverpool and St Helen's & Knowsley LPC areas collecting for Children in Need.

The so-called Pharmacy Drive started just before 10am on November 26 and finished at 8.30pm, when Mr Argomandkhah presented a cheque for £754 at the local radio station.

Travelling in fancy dress, Mr Argomandkhah chose the dis-

guise of Mr Blobby, while his prereg student Graeme McCandless was Pudsey Bear.

Another member of staff travelled with them counting the

money collected as they went.

Mr Argomandkhah praised everyone who contributed to the total: "It just shows that we are a really caring profession."



Heavily in disguise, Hassan Argomandkhah (left) and Graeme McCandless (right) call in on Paul Clark, secretary of St Helen's & Knowsley LPC

### Non-exempt fees

Each non-exempt person paid on average £10 in prescription charges during the year 1992-93, according to a written parliamentary answer from Health Minister Dr Brian Mawhinney. Of prescriptions dispensed, 62 per cent cost the NHS less than £5, 64 per cent less than £5.25 and 66 per cent less than £5.50.

### MMC report 'barmy'

The Monopolies and Mergers Commission report on perfumes "can only be described as barmy," Lord Peston told the House of Lords last week. In a debate on the Queen's speech, he said industry existed for the consumer, not the other way round. "Indeed, the report seems to open a gateway to undermine one of the more valuable contributions of an earlier Tory Government: the

abolition of retail price maintenance," he said.

### Benzodiazepines

The Government has no plans to introduce further legislation controlling benzodiazepine prescribing, the Health Minister said in a Commons written answer last week. Dr Mawhinney said that 15,751,000 prescriptions for benzodiazepines were dispensed in England in 1992, a decrease of about 15 per cent over the previous year.

### Orange Guide

The latest Orange Guide — *Rules and Guidance for Pharmaceutical Manufacturers 1993* — is available from HMSO (£11.50). It incorporates the EC Guide to GMP, EC Directives on GMP, the code of practice for qualified persons and standard provisions for manufacturers' licences.

## Restoration bid fails

An Edgware pharmacist struck off in December 1991 for illegally supplying large quantities of painkillers to Greek drug addicts has failed in a bid to have his name restored to the Register.

Jonathan Greene, 41, of 55 Harrowes Meade, was given a six-month prison sentence suspended for two years after admitting seven specimen counts of unlawfully supplying mainly Temgesic drugs without a prescription. A total of 47 other similar offences were taken into consideration.

He was also fined a total of £7,000 and ordered to pay £500

costs when sentenced at the Inner London Crown Court on January 14, 1991.

While operating one of his pharmacies at 172 Kenton Road, Kenton, he supplied a total of 44,850 Temgesic tablets, 3,920 Temgesic ampoules and 3,000 other tablets of a similar kind between January 1986 and May 1989, which had an estimated total black market value of around £112,000.

Committee chairman, Mr Gary Flather, QC, said the Committee felt that such an application after a 20-month removal from the Register was "premature".

## Middle-aged spread

Discussing with a colleague his forthcoming retirement, we agreed that the approach of middle-aged pharmacists is very different from that of their older bretheren.

Thirty years ago, a newly qualified pharmacist aspired to ownership and, when he got his business, he made the most of it.

The small multiple was the exception; today it is becoming the rule. No sooner is a middle-aged pharmacist settled into one shop than he's off buying another. (We defined middle-aged as those lucky enough to have a NHS contract before limitation and are in the 30-45 year age group).

The cost of a pharmacy is high and will remain so, since the opportunities for new contracts are non-existent. Middle-aged pharmacists are the only ones who have the collateral to buy existing businesses. They expand at the cost of younger pharmacists, who are losing out more than they realise.

This is a recipe for trouble. Opportunities for professional self-

### The profession needs younger pharmacists but is not rewarding them properly

development and financial reward for younger pharmacists are greatly limited. They are condemned to become employees, many working for employers who will not develop their potential.

The middle-aged will continue to buy pharmacies at higher and higher prices, and businesses will be controlled by a need to repay a large loan rather than the need to improve services, motivate staff or develop management skills.

In a few years, when younger pharmacists are raising families and taking on a mortgage, they will realise that the profession needs them but is not rewarding them properly. They will demand better standards and salaries. They will be militant since they will have little to lose.

We felt much better for our discussion, even though our assessment of the situation could be wrong.

My colleague said he was glad to be retiring. Recent changes, particularly the amount of extra work needed to run a successful business, have made the job uninspiring. He got a good price for his business ... from a middle-aged pharmacist.

*Written by a practising Northern Ireland community pharmacist.*



## Twilight days for Numark?

It is ironic that, in the same week in which Unichem bid £8.9 million for Bradford Chemists' Alliance, Numark have appointed them as distributors for the central area of Scotland. This area was — and still is pending the decision of a Numark EGM — served by John Hamilton Pharmaceuticals, who are now owned by Barclays, a subsidiary of Lloyds (C&D November 27 pp970, 972).

However, when I look at the problem, it seems to me that the wholesaling sector is being rapidly carved up between the big three of AAH, Unichem and Barclays. All three are also actively involved in competing at the retail level with independents — but this particularly applies to Barclays, with Lloyds Chemists, Holland & Barrett and Supersave Drug Stores all coming under the same banner.

Is it any wonder that Numark have signed up Unichem in Scotland as potentially the lesser of the two evils that would conflict with their members' interests? In my neck of the woods, I now have to compete with all three Lloyds retail companies so I can fully understand the sentiment.

AAH and Unichem both actively promote their own

corporate brands. But whereas AAH accepted there was conflict of interest, and withdrew last April as Numark distributors, Unichem, apparently, see no such problems. That may be so but, while enlightened self-interest could have motivated their acceptance of the Scottish distribution agreement, in Bradford the boot would be on the other foot.

Unichem and Numark will be competing directly for the same independent business. If Numark act with the same logic in Bradford as they have demonstrated in Scotland, then a Bradford Chemists' Alliance under the ownership of Unichem should lose the Numark franchise.

But whatever happens, Numark is on to a loser if it continues to pursue a policy of distribution via the wholesale network. The alternative of independent distribution is extremely expensive, and I doubt that sufficient capital could be raised for its national introduction.

I hope Numark's days are not numbered. If they are, the majority of independents will be faced with the stark reality of own-branding from a directly competing wholesaler when their preference would be to retain their own independent image.

## Oral syringes too popular by half!

When oral syringes were first introduced I found the uptake to be very slow, with most mothers preferring to stick to the old-fashioned 5ml spoon unless the dose really necessitated a part measure.

Recently, however, the demand has dramatically increased, possibly fuelled by the use of syringes in the paediatric clinics of the local hospital. Many mothers now expect an oral syringe with each dispensing, regardless of the dose to be administered.

The costings for the use of

these syringes is presently included in the container allowance and is based on the usage relevant to undiluted liquids with a dose less than 5ml. But this takes no account of those issued purely by preferential demand of the mother. At 24p a time, compared with the almost negligible cost of a spoon, my profit is once again suffering.

Since it is almost impossible to determine actual usage, it would be far more sensible for a syringe fee of 24p to be paid only when so endorsed by the pharmacist. This would be professionally more acceptable and simple to operate. If the Department of Health is concerned about "excessive claims", it could always check my invoices.

## Big or little, sir?

The classic "clanger" for all inexperienced staff has been the carelessly phrased question to a purchaser of condoms of "yes, sir, what size would you like?" This was always guaranteed to produce red-faced confusion from customer and staff, but much after-sale amusement for everyone else.

All this may now change with the revelation that condoms may not after all be universally fitting and that the standard flat width dimension of 52mm, to which most British condoms conform, could be too tight for up to 19 per cent of users (*Over The Counter* November/ December p5). As well as being uncomfortable, this could also reduce the condom's effectiveness, and the authors of the report suggested a larger size as the solution.

The researchers have obviously never worked in a pharmacy. The jokers would have a field day — and how many men would be prepared to either buy from self-selection or ask an assistant for that larger size variety?

The problem, however, is real. By producing a larger size the solution is apparently simple, but the marketing would have to be very carefully planned to prevent kitchen sink humour from destroying a serious initiative.

# Topical REFLECTIONS

# Medical matters

## Poor diet exacerbates effects of smoking

British smokers tend to eat a less healthy diet than non-smokers, consuming more processed foods, sugar and butter and less fibre, polyunsaturated fats, protein, fruit and vegetables. Smokers were also found to have lower intakes of antioxidants such as beta-carotene.

A report in the *British Medical Journal* says the poor diets of smokers probably exacerbate the damage done by smoking.

Tobacco smoke contains high levels of free radicals, which places extra demands on the body's antioxidant systems that protect cells from oxidative damage by the free radicals. So the lower intake of dietary antioxidants of smokers, combined with the increased demand, results in greater potential for tissue damage.

Almost 2,000 subjects, aged between 16 and 64 years, took

part in a national survey. Smokers were found to be less likely to be employed in non-manual occupations and were more likely to drink more alcohol, but their blood pressure and body mass index were similar to those of non-smokers.

Researchers discovered a stepwise increase from non-smokers to light smokers (<20 cigarettes per day) to heavy smokers (>20 a day) among men and women in the consumption of white bread, sugar, butter and whole milk, and a decrease in the consumption of wholemeal bread and high fibre breakfast cereal.

Non-smoking men and women ate more polyunsaturated margarine, carrots, apples and pears

than smokers. Male non-smokers ate fewer sausages while female non-smokers ate less meat, fried white fish and peas.

Generally, smokers' diets were found to be similar and any significant differences were between non-smokers and both groups of smokers.

Non-smoking women and men had higher intakes of polyunsaturated fats, protein, carbohydrate, fibre, iron, beta-carotene and ascorbic acid.

They conclude that smokers are at higher risk of chronic disease, not only because of their different dietary patterns, but also because of the extra demands placed on the nutrient supply by the effects of smoking itself.

## Call for FHSA consensus on anti-epileptics

Family health services authorities have been requested to produce a consensus statement on the prescribing of the newer, more expensive, anti-epileptics.

Speaking at a meeting on epilepsy sponsored by Wellcome, Dr Stephen Brown, consultant neuropsychiatrist at the David Lewis Centre in Cheshire, said it was not inappropriate that GPs should prescribe new drugs. But, in some areas, increasing pressure on drug budgets was a factor contributing to the failure of GPs to prescribe the newer drugs.

The suggestion that FHSAs were restricting the availability of the newer drugs was strongly refuted by medical advisers from a number of FHSAs.

Dr Brown also called for continuity of brand prescribing, adding that generic prescribing was "not a good idea" in this area.

A patient survey carried out by the British Epilepsy Association in 1992 found that patients who had been given different versions of their usual anti-epileptic medication reported breakthrough seizures, more frequent seizures and more side-effects.

A spokesman for the British Generic Manufacturers Association says: "In common with other pharmaceuticals with a narrow therapeutic index, it is not recommended that patients with epilepsy change from one manufacturer's product to another."

Dr Colin Binnie, clinical director of neurosciences at Bethlem Royal and Maudsley Hospitals, asked delegates attending the meeting: "If 80 per cent of patients with epilepsy can be controlled with drugs currently available, why develop new drugs?"

"Seizure control in this 80 per cent is usually traded off against a deterioration in cognitive function. The pharmaceutical industry needs to attach more importance at an early stage of development to impaired cognitive function."

He stressed the need to assess seizure severity and quality of life as well as seizure frequency following treatment with an anti-epileptic: "Prescribers and decision makers must accept that controlling the number of seizures is not enough — patients with epilepsy deserve control without the cognitive penalty."

## Referring acne patients is cost-effective

Referring acne patients to dermatologists for oral isotretinoin could save the NHS money and improve the quality of life for patients, says a report.

A study carried out in 1991 found that one course of isotretinoin (mean duration 19 weeks) was clinically more effective and cost-effective than five years of rotational oral antibiotic therapy for the treatment of acne.

The latest study, carried out by Dr Nick Simpson at the University of Newcastle-upon-Tyne, measured the cost-effectiveness of isotretinoin in terms of acne-free years subsequent to treatment using quality

adjusted life years (QALY).

The median acne-free interval for the 100 acne patients who took part was 43 months. The median cost per disease-free year was estimated as £192 and the median cost per QALY of a course of isotretinoin was £898.

Dr Simpson concluded that oral isotretinoin is a "highly effective treatment offering patients significant levels of long-term remission or cure. As acne makes an increasing impact on the working population, both quality of life and cost considerations will play an important role in patient referral and treatment."



Patient with acne before oral isotretinoin treatment (left) and after

### Intal Fisonair recall

Fisons are recalling all existing batches of Intal Fisonair. There have been two reports of the valve becoming dislodged and being sucked into the patient's mouth. Although there have been no serious injuries, the company are recalling the product as a precaution. A modification to the mouthpiece has been made which will retain the valve in the device and the new design will be available shortly. Intal Inhaler and other Intal products will remain available. All Intal Fisonair units should be returned to wholesalers for credit. **Fisons Pharmaceutical plc. Tel: 0509 634000.**

### Otomize Ear Spray

Stafford-Miller have received approval to list acetic acid (glacial) 2 per cent w/w as a third active ingredient in Otomize Ear Spray. **Stafford-Miller Ltd. Tel: 0707 331001.**

### Omnopon changes

A new monograph for Papaveretum BP is being included in the Amendments No 1 supplement to the *British Pharmacopoeia* which is effective from December 1. As previously reported, Omnopon Paediatric has been discontinued. Omnopon Adult will be called Omnopon. The active components will be referred to as Papaveretum BP. Dosages will be given in terms of weight of Papaveretum BP. **Roche Products Ltd. Tel: 0707 366000.**

# *Not all smokers are alike*

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Pharmacia Ltd., Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH.

Most common indigestion symptoms are caused by excess acid in the stomach. That's why Asilone is so effective. By neutralising excess acid, the balanced formula of Asilone Liquid provides rapid and lasting relief of acid indigestion and heartburn. Asilone also contains dimethicone, an established treatment for flatulence. By contrast, many other antacids offer little relief from wind. And because Asilone is low in sodium, it can be recommended to people on low-sodium diets – unlike some rafting agents. Recent clinical data confirm Asilone Liquid's efficacy, reinforcing the reasons why doctors prescribe Asilone. And why you can confidently recommend it for acid indigestion, heartburn and wind.



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AVAILABLE ONLY FROM PHARMACIES  
aluminium hydroxide, light magnesium oxide,  
activated dimethicone

# GET TO THE CORE OF THE PROBLEM



**Product information.** **Asilone Liquid:** White suspension containing in each 5ml: dried aluminium hydroxide BP 420mg, light magnesium oxide BP 70mg, activated dimethicone 135mg. **Pack Size:** 200ml. **Asilone Tablets:** Each tablet contains dried aluminium hydroxide BP 500mg, activated dimethicone 270mg, also contains sucrose 11g. **Pack Size:** 24. **Dosage:** Adults and children over 12 years, 5-10ml Liquid/ 1 or 2 tablets, taken before meals and at bedtime. **Uses:** For the relief of indigestion, flatulence, acidity and heartburn. **Contra-indications:** Should not be taken by severely debilitated persons or those with renal impairment. **Side effects:** Rare with these preparations but may include constipation or diarrhoea. **Warnings:** Antacids may interfere with absorption of tetracyclines, rifampicin, warfarin and digoxin - if taken at same time. Not recommended in flatulent abdominal distension possibly related to intestinal obstruction. **Pregnancy:** Not recommended during first trimester. **Overdosage:** No cases reported. **Product Licence No:** Asilone Liquid: 0327/0058; Asilone Tablets: 0327/0055. **RSP:** Liquid: 200ml £2.35; Tablets 24 £2.55. **GSL - Pharmacy only distribution.** April 1993. **Reference:** 1. Data on file: Crookes Healthcare Ltd, Nottingham NG2 3AA.

# Counterpoints

## Andrews and Panadol on air

Andrews Antacid and Panadol Ultra both get extra support this Winter in the shape of television advertising.

A £2.5 million campaign for Andrews Antacid includes the new fruit flavour tablets. The advertisement will run until the end of February.

Sterling Health are also investing £2.5m in advertising for Panadol Ultra. The first TV burst runs throughout December and January. **Sterling Health. Tel: 0483 65599.**

## A taste of the Tropics for bathtime

Forget the cold outside and warm up with Opal's Tropical Spice shower bar (£2.05, 150g) and bath salts (£2.05, 180g).

The creamy, vegetable-based soap contains palm and coconut oil, enriched with glycerine, wheatgerm oil and vitamin E.

The bath salts are natural sea salt crystals. Both have a spicy fragrance. **Opal Crafts. Tel: 081-450 7834.**



## Musical offer from Sweetex

Sweetex is being promoted with a two for the price of one offer during December and January.

Consumers need only purchase one Sweetex pack to claim their choice of

two CDs or cassettes for the price of one. The choice can be made from 20 albums, at £4.99 for cassettes and £8.99 for CDs. **Crookes Healthcare. Tel: 0602 507431.**

## Lip colour to suit your mood

Colour that stays on the lips for 12 hours is what Moodmatcher lipstick promises.

Moodmatchers come in a range of unusual colours, which then change, giving a tint exclusive to the wearer. Green Moodmatcher turns red, yellow changes to rose, bright pink turns pale pink and orange turns coral. The lipsticks contain vitamin E and aloe vera to condition lips. They retail at £3.95 each. **Jica Beauty Products. Tel: 081-979 7261.**

## High speed manicure

Only speeds up manicure with new Nail Spritz, a fast-acting nail polish drier.

Nail Spritz (£3.95) is a pump-action spray which is applied over each coat of nail polish. The spray will not dry out cuticles or surrounding skin, says the company, as it contains jojoba oil and vitamin E. **Jica Beauty Products. Tel: 081-979 7261.**

## Return of Malcolm

Procter & Gamble are supporting Vicks Sinex decongestant nasal spray with a £750,000 national television campaign, beginning in December.

It features the return of Malcolm, the popular 1970s Sinex character, whose mother coined the familiar phrase: "Course you can, Malcolm."

Malcolm and his mum are joined by his former girlfriend (now wife), Brenda, and Malcolm Jr.

Professional services manager, George Jessen says: "Malcolm was brought back due to popular consumer demand." **Procter & Gamble. Tel: 0784 434422.**

## Jonnies join the condom market

Jonnies are a range of condoms launched on World AIDS Day by Profile Products & Resources.

Currently supplied through the NHS, Brook Advisory Clinics and the World Health Organisation, the condoms are being packaged for retail through pharmacies.

The condoms are available in plain or flavoured varieties. They conform to BS3704 and an

application for a Kite logo is being made.

A box of three flavours has a trade price of £0.56 (RRP £1.10) and a pack of plain, foil-wrapped condoms is £1.30. Boxes of 24 are also available.

But Richard Globe at PPR stresses that trade prices are negotiable, depending on quantities ordered, and retail prices are only suggested. **PPR Ltd. Tel: 051-357 3700.**

## Clarins care for sleeping skin

Clarins are attacking free radicals with their Multi-Active Night Lotion, using a new patented ingredient called noctoferrine.

The ingredient claims to immobilise iron present in the skin, said to be a catalyst for the formation of free radicals at night.

Multi-Active Night Lotion also contains a vitamin complex, kiwi and macadamia oil, linden and

orange blossom extract and honey extract, which contains fruit acids.

The product will help reduce skin dehydration and aid regeneration, say Clarins. It has a light, easily absorbed texture, is allergy-tested and non-comedogenic.

The night lotion comes in two variants, for all skin types or for very dry skin (50ml, £30). **Clarins UK. Tel: 071-629 2979.**

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Actifed:	CAR, G
Alka Seltzer:	All areas
Askit capsules:	STV, G
Badedas:	C, A, LWT, M
Beechams:	All areas
Benylin:	All areas
Contact:	All areas
Duracell:	All areas
Nicotinell patch:	All areas
Panadol Ultra:	All areas except CTV, TVS, LWT, TTV, C4, GMTV
Rap-eze:	C4
Sanatogen:	C, A, TVS, LWT, C4, GMTV
Slim-Fast cans:	All areas
Tixilyx:	All areas
Veno's:	All areas
Wrigley's Extra & Orbit:	All areas
Zovirax:	All areas except Y, CTV, TT, C4, GMTV



The third burst of the Nurofen "storm" campaign breaks on January 1. The commercial depicts the three major indications for which Nurofen is sold — headache, back pain and period pain. **Crookes Healthcare. Tel: 0602 507431**

*Fast relief* from headache  
with upset stomach.



## Formule B in smaller sizes

## Pampering pack for Xmas skin

3M's photographic division are now offering ScotchColor brand, fully private label or semi-personalised versions of their single-use cameras to suit the individual customer requirements. **3M United Kingdom plc. Tel: 0344 858682.**

# IMPORTANT NOTICE

# DITROPAN TABLETS 5mg

As a result of an interim order of Mr. Justice Macpherson at the High Court on 26 November 1993, Ditropan Tablets 5mg are now available from Primecrown Limited, by way of parallel import from Belgium under licence number PL (PI) 10383/0230.

Primecrown Limited  
Uxbridge  
Middlesex. UB8 2RZ

Tel: 0895 812421

Fax: 0895 233166

# Round-the-clock protection against nicotine withdrawal symptoms



## <sup>®</sup> Nicotinell transdermal nicotine

Many smokers are all lit up even before they've had their breakfast - 52% of them say they usually have their first cigarette of the day within 30 minutes of waking. NICOTINELL is specially designed as a 24-hour patch to help prevent cigarette craving first thing in the morning.

## It needn't be hell with Nicotinell

### \*NICOTINELL TTS Prescribing Information

**Presentation** Transdermal therapeutic system containing nicotine, available in 3 sizes (30, 20 and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indication** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage** Stop smoking completely when starting treatment. For those smoking more than 20 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with

each size. Doses above 30 cm<sup>2</sup> have not been evaluated. The treatment is designed to be used continuously for 3 months but not beyond. However, if still smoking at the end of the 3 month treatment period, further treatment may be recommended following a re-evaluation of the patient's motivation.

**Contraindications** Non-smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during pregnancy and breast feeding, and in acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, skin

disease preventing patch application and known hypersensitivity to nicotine. **Precautions** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times. **Side-effects** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reaction at application site (usually erythema or pruritus) and sleep disturbance. See data sheet for details. **Legal**

**category P. Packs** NICOTINELL TTS 10 (PL0001/0173) in packs of 7 patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of 7 patches, trade price £8.64, retail price £15.22. NICOTINELL TTS 30 (PL0001/0175) in packs of 7 patches, trade price £9.07, retail price £15.99. ® denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex, RH12 4AB. Telephone (0403) 272827. **Date of preparation** Sept. '93 © Ciba Pharmaceuticals 1993

The pharmacist's role in health promotion and disease prevention was the subject of an international symposium in London last week. Delegates from 22 countries heard of projects in areas including smoking cessation, mental illness, asthma and diabetes

## Pharmacists make 'crucial contribution' to health promotion

"The contribution that pharmacists can make in promoting health is crucial," Baroness Julia Cumberlege, Parliamentary Under Secretary for Health, told the conference. She looked forward to seeing the impact that the profession would have in ensuring a healthier, happier nation.

"The community pharmacist is in a good position to convey health promotion messages, working in close contact with the general public — a public who seeks and trusts your advice," she told delegates. "Pharmacists have expensively acquired skills and knowledge and it must be right that we should find ways within the remuneration system to reflect this wider professional responsibility."

The NHS had been in place since 1948 but it had not begun to live up to its name, masquerading instead as a sickness service, she said. The

Government's "Health of the Nation" policy was a major initiative to help remedy this. But passing on its messages was not going to be easy: "Our greatest challenge is to change habits," she said.

Individual pharmacists and the pharmaceutical industry had a role to play in promoting good health, she continued. Self-medication involved individuals in their own health and helped ensure that the GP's time was used effectively.

The movement of medicines from POM to P was an important part of this, and the faster application process meant that 1993 saw more switch applications than in the previous ten years put together.

The availability OTC of products like Zovirax Cold Sore Cream and vaginal thrush treatments also gave pharmacists an opportunity to create dialogue with the public,



Baroness Cumberlege: the public trusts advice from pharmacists

according to the Minister.

Baroness Cumberlege also spoke of the provision of a research development grant to a health promotion library in Cheshire, the success of the Pharmacy Healthcare Scheme and the Centre for Pharmacy

Postgraduate Education.

The new year would also see the publication of a resource guide on health promotion as a joint initiative between the National Pharmaceutical Association and the Health Education Authority.

### Donoghue: 'follow patients into their environment'

"If pharmacists are to ensure continuity of pharmaceutical care, they must be prepared to follow the patient out into their environment to help them use their medicines safely and effectively," Liverpool pharmacist John Donoghue told the conference.

"It is crucial to understand that a great deal happens to influence patient behaviour once they have left the pharmacy with their dispensed medicines."

Mr Donoghue explained that since Spring 1992, pharmacists in Liverpool have been involved in "clinics" held in mental health day centres. Patients' understanding of medicines has improved and their anxieties reduced as a result, he said.

"It is considered by those who use the service that pharmacists have a particular, complementary role to play which is highly valued."

In order to develop this service, pharmacists have had to develop new skills, particularly in the social context of community care: "They have to understand an area of care which is highly complex, and then fit into that in a way which does not undermine the services available," he said.



Dr Macfadyen: focus on quality

### WHO's view of pharmacy

The World Health Organisation sees the pharmacist in a health promotion role, involved with lifestyle counselling, Dr David Macfadyen, the newly appointed director of programme management at the WHO Regional Office for Europe, told the conference.

Giving the opening address, he said that well-organised smoking withdrawal courses, nutrition counselling and stress management advice by pharmacists could have a profound effect on improving the health of populations.

While there were many policies and documents, organisations lacked people at ground level putting ideas into practice, Dr Macfadyen said. Pharmacists involved in lifestyle counselling were helping achieve these aims.

Many countries were going

through change in the organisation, co-ordination and financing of their health systems, he said. The WHO was trying to feed experience back from one country to another.

"The simple message is that, although finance is important in the organisation of healthcare, you really have to focus on the quality of care provided," he said.

Dr Macfadyen said one of the most important modern developments was the setting of health targets, and he described the UK's "Health of the Nation" initiative as "very important".

He also praised the work of the Europharm Forum, a joint organiser of the conference, which, he said, had strengthened enormously the capability of the WHO to work in pharmaceuticals.

## PHS book improved knowledge

A Pharmacy Healthcare Scheme training booklet was effective in improving pharmacists' knowledge of, and their involvement in, smoking cessation, according to a survey presented by Terry Maguire, of the School of Pharmacy at The Queen's University of Belfast.

A telephone survey was performed on a random sample of UK pharmacists to quantify their knowledge before and after distribution of the booklet *Dispensing with Cigarettes*.

Simultaneously, actors made covert visits to pharmacies in London, Belfast and Glasgow.

A significant improvement in pharmacists' knowledge on smoking cessation was noted following distribution of the PHS booklet. On receiving the booklet, pharmacists were found to be giving significantly more advice on cessation.

Dr Maguire said that if every pharmacy in the UK persuaded 50 smokers each year for ten years to give up permanently, pharmacists would have helped

the Government meet its "Health of the Nation" target single-handedly.

• A comprehensive care service for asthmatics in a community pharmacy, which included education and monitoring interventions, resulted in improved inhaler technique and a 78 per cent reduction in hospitalisation rates, Timothy-John Grainger-Rousseau, of the DuBow Family Centre for Research in Pharmaceutical Care, University of Florida, told the conference.

# FOR THE MAN WHO HAS EVERYTHING. 24 HOUR RELIEF FROM IT.



Building on the success of Lemsip Flu Strength, Reckitt & Colman is to re-launch its innovative range of pharmacy only flu products as the Flu Strength range.

Lemsip Flu Strength, the hot drink, is to be re-launched with the preferred decongestant, pseudoephedrine. Pseudoephedrine gives effective relief from a blocked or runny nose and the effects are long lasting so that three doses give day long relief without drowsiness.

Lemsip Night-Time is to be re-branded as Lemsip Flu

Strength, Night-Time formula. With the familiar flu strength livery together with Lemsip Flu Strength it provides a 24 hour regime for the relief of flu and heavy cold symptoms. Lemsip Flu Strength, Night-Time formula is an effective, soothing liquid which works to relieve the symptoms of flu and heavy colds and so aids restful sleep with minimal "morning after" side effects.

The Lemsip 24 hour flu range. What the man who has everything has always wanted.

**RECKITT & COLMAN**  
PRODUCTS

**Contains:** Each Sachet: Paracetamol EP 1000mg and Pseudoephedrine hydrochloride BP 60mg; also contains Vitamin C 100mg and sugar (approx 2.1g). Each 30ml dose of Syrup: Paracetamol EP 600mg, Dextromethorphan Hydrabromide BP 15mg, Chlorpheniramine Maleate BP 4mg, Phenylpropanolamine Hydrochloride BP 25mg and Alcohol (96%) BP 5.92ml. **Uses:** Relief of the symptoms of flu and heavy colds. **Dosage and Directions:** Adults and children over 12 years: one sachet dissolved in hot water or 30ml taken at bedtime. Allow 4 hours between doses, not more than 3 sachets of Pseudoephedrine formula and one 30ml dose of Night-Time formula in 24 hours. Children under 12: not recommended. **Contra-indications, warnings etc:** For both products: Paracetamol is normally well tolerated with only rare allergic reactions such as skin rashes (hives), urticaria or itching. It should be used with caution by patients with renal disease or liver dysfunction. Including other medicines, the total daily dose of paracetamol should not exceed 4 grammes. Not to be used by patients recently taking MAOI drugs. Lemsip Flu Strength, Pseudoephedrine formula: Pseudoephedrine may interact with antihypertensives and other sympathomimetics. Use with caution in glaucoma. It should not be used by patients suffering from severe coronary heart disease or hypertension. In pregnancy use only on doctor's advice. Whilst normally well tolerated, reactions such as dry mouth or restlessness may occur. Lemsip Flu Strength, Night-Time formula: Chlorpheniramine may cause drowsiness, blurred vision or gastro-intestinal disturbance. Avoid alcoholic drinks, driving or operating machinery. Do not use in pregnancy. **RSP prices, at September 1993:** Lemsip Flu Strength, Pseudoephedrine formula (PL44/0155) 10 sachets, £3.49 (P) and Lemsip Flu Strength, Night-Time formula (PL44/0062) 240ml, £3.49 (P). Lemsip, Lemsip Flu Strength, Lemsip Flu Strength, Pseudoephedrine formula, Lemsip Flu Strength, Night-Time formula and ① are trademarks. Further information from Reckitt & Colman Products Ltd, HU8 7DS. (28/09/93)

Article 85 of the 1957 Treaty of Rome generally prohibits agreements and concerted practices which affect trade between member states and which restrict competition in the common market.

Agreements between manufacturers and retailers giving rise to selective distribution networks are potentially anti-competitive in that they limit the number of retailers admitted to the network, and thus are *prima facie* void under Article 85. But such agreements can be exempted from prohibition where they contribute towards the distribution of goods to the benefit of the consumer.

In two 1992 decisions widely regarded as test cases for the industry, the European Commission examined the Yves St Laurent and Givenchy retailer agreements. It issued formal exemption decisions "approving" the principle of selective distribution in the fine fragrance and cosmetic industry:

### Exclusive

"Luxury cosmetic products differ from similar products that meet other consumer requirements through the image of exclusivity and prestige which, in the consumer's mind, is associated with the brand under which they are sold.

"The manufacturer's capacity to create and maintain an original and prestigious brand image is thus a key factor in competition. It follows that a luxury cosmetics brand must be distributed on an exclusive basis.

"Experience shows that generalised distribution of a luxury cosmetic product can affect the consumer's perception of it and in the long-term reduce demand for it" (Commission in YSL; *Official Journal* 18/01/92).

The decisions also laid down guidelines for other manufacturers to follow. Key points included:

- the admission of retailers to the manufacturer's selective distribution network should be by reference to objective qualitative criteria relating to the nature of the retailer and his premises
- such criteria should be

# A fine result for fragrance

applied by manufacturers in a non-discriminatory and transparent manner and within a pre-set time frame. Where retailers are refused admittance, written reasons should be given

- minimum range stocking and turnover levels were approved as these ensured that consumers would find a representative selection of

products at each authorised outlet, and that distribution would be concentrated on cost-effective outlets

- all other quantitative restrictions, eg those specifying a maximum number of retailers to be admitted to the network, or providing for a "waiting list" of retailers until a vacancy occurred, were outlawed

### Freedom

- authorised retailers should be free to set their own selling prices (this was already the case in the UK, resale price maintenance having been prohibited in 1964)

- authorised retailers should have the freedom to sell or buy the products to or from other authorised retailers with the EC, so as to take advantage of any differentials in trade prices and thus encourage manufacturers to harmonise such prices

- the Commission recognised that the maintenance of a prestige brand image was essential for manufacturers within this luxury sector of the



**Selective distribution — the ability of manufacturers to choose where and how their products should be retailed — is fundamental to the continued success of the fine fragrance industry. In recent years, it has come under increasing scrutiny, first from the European Commission in Brussels and more recently here in the UK from the Office of Fair Trading and the Monopolies & Mergers Commission. Marion Kelly, director general of the Cosmetic Toiletry and Perfumery Association, explores the background to the MMC report and examines its implications for the industry**

market. Accordingly, the Commission accepted that his "enseigne" (his shop sign and the consumer image attaching to that shop sign) should itself be compatible with the brand image attaching to the product.

### Price policy

But in this regard, the Commission stressed "that the downmarket nature of a retail outlet or its name cannot be deduced from the retailer's habitual policy on prices".

It is worth noting that, in reaching its conclusion, the Commission first sought an independent report (the Weber report) into the operation of selective distribution in the European fine fragrances and cosmetic market. The

Continued on p1002



## ***THE FASTEST MOVER IN THE MARKET***

In the past year Sudocrem has reached more bottoms than ever before. With over 50%\* of the branded nappy rash market, it outsells all other brands put together... and it's still going strong.

Recommended by professionals, trusted by Mums, Sudocrem treats *and* protects against nappy rash – that's why it's always in demand. And with a full range of sizes (60g, 125g, 250g and 400g) you encourage your customers to try and then trade up – giving you the biggest returns.

With Sudocrem's massive share, professional recommendation and increased promotional support, you can't stock a more popular brand.



**PHARMAX**

*Healthcare*

Continued from p1000

Commission took evidence from all sides over a period of some three years. Both decisions were first published in the *Official Journal* in draft format, and further comments invited from interested parties.

The Commission indicated in both decisions that it would continue to monitor the position. YSL and Givenchy were obliged to make annual returns to the Commission concerning the practical operation of their selective distribution systems. It also confirmed that it would review the decisions in 1997.

## UK position

In March 1992, only two months after the Commission's decision in the YSL case, the OFT began to investigate complaints from retailers (notably Superdrug and Tesco) about manufacturers' refusal to supply. Superdrug also alleged that fragrance manufacturers were "blocking" their advertising within the glossy fashion magazines.

In November 1992, the OFT referred the case to the MMC. In making the reference, the director general of fair trading said he was concerned that restrictions on the supply of fine fragrance might be accompanied by a lack of effective competition at retail level, and wanted the MMC to investigate the allegation that the restrictions were being used to maintain resale prices.

Before going on to consider the MMC terms of reference and conclusions, the price maintenance allegation deserves special mention.

Resale price maintenance (RPM) has been illegal in the UK since 1964, except on specified classes of goods such as medicines. It is also illegal for a manufacturer to withhold supplies because of a retailer's refusal to abide by a minimum price.

During the period of the MMC inquiry, Press articles tended to suggest that manufacturers were refusing to supply certain retailers because of their discounting activity. This is not the case, and no retailer has sought to initiate legal action under the Resale Prices Act as is their right if they believe the refusal to be price-related.

## MMC findings

The MMC's terms of reference were as follows:

- Does a "complex monopoly" situation exist in the UK fine fragrance supply market
- If so, in whose favour?
- Does it operate "against the public interest"? (this was the key issue).

While the report concluded that a so-called complex monopoly existed, this should be put in its proper context. "Monopoly" is an emotive word which, in its normal sense, conjures up a vision of a manufacturer so dominant in his market position that he can afford to pursue commercial policies with little or no regard

to prevalent market conditions.

This might be true of a normal scale monopoly (where a single manufacturer holds a 25 per cent or more share of the market), but it is not true of a complex monopoly, which can be held to exist simply where a number of manufacturers together hold a 25 per cent or more share of the market and pursue "common" policies, whether by agreement or otherwise. On such basis, most industries are complex monopolies.

Some Press articles have also used the word "cartel" in substitution for "complex monopoly". The two expressions are by no means the same, and the MMC found no evidence of a cartel which only exists where manufacturers agree to control markets and prices.

The fact is that the UK fine fragrance market is highly competitive, characterised by a large number of suppliers each

that consumer's choice can be well informed.

"These arguments have to be set against the disadvantages listed (previously) ... the point here is that the consumer cannot have it both ways.

"The consumer evidently values the luxury image of fine fragrances. Authorised retailers play an essential role in preserving the image by investing in high standards of retail ambience.

"It is unreasonable to expect that these standards would be preserved if the products were also available through retail outlets which had lower standards and were able to cut prices on the back of their lower cost base.

"Some variation in standards is inevitable and healthy — a chemist's shop cannot be expected to match the range of a department store — but the imposition of certain minimum standards appears to us fully justified...



with a relatively small market share. There are over 400 different brands available within a broad price spectrum, with market shares constantly changing as a result of new brand and product launches. Indeed, it would be difficult to find a more competitive market.

Like the European Commission before it, the MMC endorsed the principle of selective distribution for fine fragrance products:

"Besides fitting into the fragrance houses' policies, selective distribution brings benefits to consumers:

- it helps to preserve and promote the image of luxury which consumers evidently value
- it enables a wide choice of products and brands to be offered at a single retail outlet, thus giving the consumer breadth of choice and the ability to purchase complementary products
- it promotes inter-brand competition, and
- to some degree it enables expert advice to be provided so

"We therefore believe that the disadvantages of selective distribution of fine fragrances may be outweighed by the advantages and that it may therefore be justified in principle."

The report also clearly rebutted the principal allegation that the admittance criteria "approved" by the Commission in the YSL and Givenchy cases were being applied unfairly and inconsistently by manufacturers in the UK, and that, as a result, supply restriction were being used as an artificial way of maintaining retail prices:

"Our view is that the suppliers have introduced... procedures which for the most part faithfully observe the terms of the Commission's decisions. We were not persuaded by the evidence we received that the fragrance houses are failing to implement those procedures thoroughly and in good faith...

"As regards Superdrug, it is not for us to adjudicate on its applications for authorised status for some of its outlets.

We would expect that, for suppliers which attach less importance to the shop name criterion, the refitted stores will in some cases either achieve the standard for authorisation or be capable of doing so without fundamental change.

"Other leading suppliers have rejected Superdrug's applications on the grounds that its shop name fails the criterion in the Commission's decisions in the Parfums Givenchy case that it 'must not, in the public's mind, be associated with any restriction in decoration or service'...

"The name criterion presents obvious difficulties because it is capable of subjective and arbitrary interpretation. It seems to us important that the supplier should, as a number of them have done in Superdrug's case, look to an independent party to survey consumer opinion and advise them on the implications, although ultimately the decision must be one for the fragrance house itself."

Nor did the MMC find evidence that "persuades us that it was pressure from fragrance houses which caused the magazine publishers... to reject Superdrug's advertisements".

## Public interest

Since the complex monopoly was held not to operate against the public interest, the question of formal remedies being recommended by the MMC to be applied against manufacturers simply did not arise.

As regards the MMC "suggestions" (which are not mandatory) relating to a possible arbitration scheme to settle disputes about authorisation and to the monitoring of the effects of stock and turnover levels, these will of course now be considered by industry in the months ahead.

It should be stressed that, in making such suggestions, the MMC was aiming to protect the smaller retailer who, it was felt, might not have the funds nor commercial muscle to pursue a remedy before the normal judicial channels.

With a further Brussels review of the subject already planned for 1997, it is important that industry builds on this present success and continues to apply the rules established in the YSL and Givenchy cases in a way that is fair and can be seen as fair.

The MMC report marks the end of a five-year period during which time the industry has been under almost constant review, first in Europe and then in the UK.

As a marketing method, selective distribution will continue to have its critics. But the fact remains that, having received and heard evidence from all sides, the MMC saw no grounds for intervention and gave the industry a clean bill of health — albeit with the prospect of regular check-ups.

**Reverse**

**FORCE:** Damon Hill revs up for charity

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complete without her under-  
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gian Grand Prix winner  
Damon Hill.

After her jolly TV revela-  
tions, Fergie is now only  
booked to attend the lunch.  
Her latest book is enti-  
tled 'Travels With Queen  
Victoria and I specially  
warm to Fergie's claims  
that she shares the mon-  
arch's love of painting  
wild flowers and wearing  
"When I got married,  
that's what I did a lot.  
Every time I went out I put  
wild flowers in my hair,  
which is what Andrew  
liked."

ible for the cellars, says the  
among the more  
ports: "They took about  
it left behind more  
orth up to £200 each."

Hickey team

Kate finally  
proposal seriously

...ing manager at  
vanity Fair magazine  
when she got married,  
says: "I was shown into a  
single room. It was  
Mark's idea of a joke!"

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£2m Sanatogen campaign,*


*Or...*

*B*

*A customer devouring  
a retailer who failed to stock  
Sanatogen multivitamins?*

*Answers on an order form or call 0707 366611. Sanatogen®*

Age if under 12 years yrs mths		Initials and one full forename	
Address			
Pharmacy Stamp			
Pharmacist's pack and quantity endorsement	No. of days treatment NB Ensure dose is stated	NP	Pricing Office use only
Bendroflumazide 5mg 1 on m 90  Terfenadine 60mg 1 prn m 60  <i>Naproxen 250mg</i> <i>Bd x14</i>  <i>Co-amoxiclav</i> <i>ii tds x15</i>			
Signature of Doctor		Date	



Donald is a short, overweight bus driver in his mid-40s who plays prop forward for the rugby club fifth team. His Achilles tendon has been damaged in a "raking" incident on the field which produced a deep wound. "That's not penicillin, is it?" he asks. "I didn't see the usual doctor, you know. I told him I was allergic. I want some sports cream to rub on it too. He wouldn't give me any — he said to ask you. At least I got some painkillers."

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Q

1. He appears to have had naproxen before — is there a significant problem with drug interactions here?
2. Why prescribe a non-steroidal anti-inflammatory for an acute musculoskeletal injury? Would you recommend an alternative analgesic?
3. Many people who say they have penicillin allergy do not — would you recommend an alternative antibiotic? If so, which one?
4. Would you recommend a topical NSAID or any other topical preparation?

A

1. In theory, NSAIDs impair the effectiveness of anti-hypertensives, but it is unlikely that a short course for someone with mild hypertension will have any important effect.
2. NSAIDs, including aspirin, are useful for this type of injury because reducing inflammation

probably hastens recovery (a particular concern for sports enthusiasts) and they are good analgesics too. Naproxen is as good a choice as any and convenient to take. Although aspirin is cheaper, it is less well tolerated. Paracetamol has no anti-inflammatory activity and opioid combinations like co-proxamol are unsuitable because they would impair driving skills.

3. You cannot take the risk that Donald is not truly allergic to penicillins. The standard alternative in such cases is erythromycin, but he takes terfenadine for perennial rhinitis. This combination is contraindicated because erythromycin inhibits the metabolism of terfenadine and increases the risk of cardiac arrhythmias. Donald only takes terfenadine occasionally, but it is another risk not worth taking unless he avoids the antihistamine altogether. Ciprofloxacin might impair driving skills but co-trimoxazole is a suitable alternative. Metronidazole could be used alone since anaerobic infection is the main concern, but this rugby player would need to be warned about the risks of concurrent alcohol intake. But if the wound is debrided, kept clean and checked later by a nurse, there would be no need for antibiotics unless infection actually occurs.

4. Topical preparations would increase the risk of infection by contaminating the wound and add nothing to systemic treatment with NSAIDs.

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### Abbreviated Product Information.

**Presentation:** Each white tablet engraved PARAMOL contains 500 mg paracetamol BP and 7.46 mg dihydrocodeine tartrate BP. **Indications:** For the relief of headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular aches and pains.

**Dosage and Administration:** PARAMOL Tablets should, if possible, be taken during or after meals. *Adults and children over 12 years:* 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. *Children under 12 years:* Not recommended.

**Contra-indications, Warnings, etc:** **Contra-indications:** Respiratory depression, obstructive airways disease. **Precautions:** Dihydrocodeine may induce the release of histamine, therefore caution should be exercised before dispensing PARAMOL Tablets to asthmatic patients, or patients with allergic disorders. *Use in pregnancy and lactation:* There is no or inadequate evidence of safety in human pregnancy but the drug constituents have been used for many years without apparent ill consequence.

**Side-Effects:** Side effects are rare in therapeutic doses. Constipation, if it occurs, is readily treated with a mild laxative. **Legal Category:** P. **Package Quantities and Price:** £2.19 for pack of 12 tablets. £4.89 for pack of 36 tablets. **Product Licence Number:** PL 0337/0190. **Product Licence Holder:** Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW. UK. Tel. 0223 424444. Member of Napp Pharmaceutical Group. Further information is available from Napp Laboratories Limited. **Date of Preparation:** August 1993.

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NAPP

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Always read the label.

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T A B L E T S.

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That's because NAPP are spending £¾million between now and Christmas. And this spend is set to continue right through 1994 in the quality consumer press and on selected high-street poster sites – maybe one outside your pharmacy.

At the same time we're introducing – in addition to the 12-pack – a new 36 pack of PARAMOL Tablets, which gives up to 5 days' treatment.

Your recommendation alone has already made PARAMOL Tablets a success. But now even more people will realise that PARAMOL Tablets give powerful relief from many mild to moderate painful conditions such as headache, migraine, period pains, backache and toothache.

And of course that means even more people asking for PARAMOL Tablets in your pharmacy.

**PARAMOL®**  
T A B L E T S

# Straight to the top

**Tracey Rogers staged a coup at Elida Gibbs as the first female director of a Unilever subsidiary — and one of the youngest at that. Anna Evangelis takes a look at her rise through the grocery trade and her baptism of fire as customer development director**

Boudicca and Tracey Rogers are two names often whispered in the same sentence at Elida Gibbs' head office in London. A formidable warrior Miss Rogers is not, but she was the first female director of a Unilever subsidiary, and at 33 one of the youngest.

Her zip through the ranks of Selfridges, Sainsbury and Tesco has led her to the post of customer development director at the UK's largest health and beauty products manufacturer.

Despite her fast-track progress, she has not always had it her own way. Well, not straight away. Even as a child, she was hatching plots. To avoid going fishing with her father, she would catch her line in the trees on purpose.

"He got so cross with me in the end that he refused to take me, which was obviously the result I was looking for," she says, rather smugly.

Years later, she studied politics at Exeter University: "You can't really have a revolution in Devon, so that was a bit of a disappointment."

But Miss Rogers did not have to wait long for her own little coup at Elida Gibbs.

A rethink of the company's sales strategy made them a number of enemies in the pharmacy sector, a fact she readily admits. Reports of late or incomplete stock have been well documented once Elida Gibbs moved over to transfer orders. And because of warehouse price mechanics, some pharmacists were having to pay more for goods at certain times of the year.

"Ex-warehouse service levels were not as good as they might have been," admits colleague, Jim Morris, customer operations controller.

Together, they form "the odd couple" — him with a long Unilever track record and more experience in the pharmacy sector, her the newcomer bringing grocery know-how into the partnership.

To try to win back some of their disgruntled customers' confidence, they are negotiating a new pricing strategy with wholesalers, and investing in information technology to make ordering procedures more streamlined.

There will also be more merchandising advice for pharmacy assistants and extra display material, including some available directly from wholesalers. A new customer service department is now operating 24 hours a day, and there is a new customer complaints procedure in place.

Miss Rogers' first year in the job has clearly not been plain sailing. But, despite the problems, Elida reps are now reaching 4,000 pharmacies, rather than the original 1,300, with sales to match. Including wholesale turnover, the company's pharmacy business has grown three times faster than overall company growth. This means an extra £2-3 million of business since Elida's sales strategy was shaken up.

Not bad for someone whose main experience is from the

other side of the fence — first because Miss Rogers has spent most of her career as a buyer, and second because of her crossover from grocery and department stores.

"It's like having a jigsaw puzzle," she says. "Unless you've been in retail and manufacturing, you don't have all the bits of the puzzle to be able to see the whole picture."

From her early days as a Selfridges children's clothing buyer, she was told she was a "born merchant".

"It was a nice compliment. I was going into buying whether I liked it or not."

From then, it was a two-year spell with Sainsbury, first as a health and beauty buyer, then in household goods.

It was at Tesco where she spent the largest chunk of her working life, initially buying household products. But it was the lure of the more creative side to health and beauty products that led her back to the sector, especially own-label development.

It was clearly an atmosphere she thrived in. "The real challenge is about keeping all those different balls up in the air at the same time." And of course combining negotiating, creative and administrative skills at the same time.

The key, says Miss Rogers, is timing. "As a shop assistant,

**"I'm like the coach of a football team, but sometimes I can't resist getting on the field and playing."**

you have to act first and think later. At the head office of a retailer, you have to act and think at the time."

But it was not until she moved to Elida Gibbs in May 1991 as national accounts controller for multiples Boots, Superdrug and Lloyds that she saw things from a manufacturer's point of view.

"You have the luxury of being able to think first and act later, the luxury of being pro-active. But that time lag must be as short as possible."

"What I brought to Elida Gibbs is the understanding that retailers work in a different time frame than manufacturers, and we have to find a way of closing that gap."

"We have a word we use at Elida Gibbs: agility. What's the definition? Speed with intelligence."

She uses the explanation to describe herself as she throws her head back and laughs.

"I hate the traditional hierarchy of management. I'm like the coach of a football team, but sometimes I can't resist getting on the field and playing."

"The most difficult thing is knowing where you want to be. If you're really committed to it, then you can really achieve what you want."





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Source: Milpra Independent Research, 1992. <sup>†</sup>Corsodyl Dental Gel contains 1% w/w chlorhexidine gluconate.

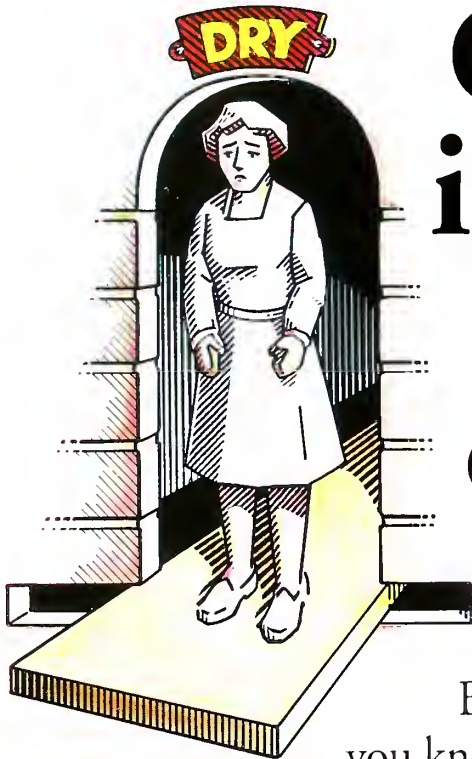
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## A testing time

Pregnancy testing, along with blood pressure measurements, therapeutic drug monitoring and the exchange of used needles and syringes, is rapidly becoming established as a professional service that pharmacists are ideally placed to offer.

And the growing influence of the purchaser/provider attitude within the NHS may well lead to a growth in these services. Many contractors are investigating ways of offering these services to fundholding GPs, paid for by the local family health services authority.

Pregnancy testing is perhaps one of the most appropriate candidates for such a service. There is a well-established need and, although many women opt for a home testing kit with its associated privacy, others prefer the reassurance of a trained health professional carrying out the test and interpreting the results.

Currently many GPs who carry out such tests for their patients use services provided by local hospital laboratories and the results can take some time to come through. Pharmacists promoting the merits of their service argue that they can give results direct to the patient in minutes.

### Qualified advice

The woman can benefit additionally from the pharmacist's qualified advice on healthcare during those vital early stages of pregnancy.

Whether many FHSAs are swayed by the arguments and purchase pregnancy testing services from community pharmacies *en masse* remains to be seen, but it is a strong possibility for the future.

Setting up a pregnancy testing service is not as simple as just purchasing the necessary kits from a supplier and then advertising the fact to your customers. The Royal Pharmaceutical Society regards pregnancy testing as a professional service and, as such, it is the subject of a Council Statement (*Medicines Ethics and Practice* October 1993, p97).

This article does not have the scope to discuss and compare the different tests available from various manufacturers. All depend on the measurement of human chorionic gonadotrophin (HCG) in the urine. Details can be obtained direct from the companies and compared to take account of accuracy,

**Pregnancy testing is a professional service offered by many community pharmacists.**

**Jane Feely PhD MRPharmS reviews the current guidance on setting up and operating such a service**



The way we were: doctors examine the urine of a pregnant woman, circa 1485

ease of handling and so on.

The decision to stock a particular test should be made taking into account the space available for storage in the pharmacy, facilities for carrying out the test, whether the pharmacist intends to carry out the test and whether relief managers or occasional locums need to be able to

follow the procedure as well.

It should go without saying that pharmacists should opt for a reliable method of testing.

When handling urine samples, it is important that care is taken to prevent contamination. Procedures should also be instituted to ensure that no confusion occurs between samples if more

than one test is requested at a similar time.

RPSGB guidance recommends that pregnancy testing should be carried out in a room separate from that used for dispensing. This should be maintained in a clean and tidy condition and all working surfaces should be finished with a smooth, impervious and washable material. Adequate lighting should be provided so that the results of the test can be read correctly.

### Some confusion

In the past there has been some confusion over Council guidance that a separate sink should be provided. According to the Law Department, this sink can be one provided for handwashing facilities, in the shop toilet for example. It needs to be separate from the dispensary but need not be reserved exclusively for pregnancy testing.

Persons carrying out tests should wash their hands before leaving the work area. All cuts and grazes on hands or on exposed parts of the body must be covered with waterproof dressings.

Once a pregnancy testing service is up and running, the pharmacist will want to advertise this fact to members of the public. Because pregnancy testing is regarded as a professional service, it should only be advertised in accordance with the relevant parts of the guidance notes contained in Section 7 of the Code of Ethics.

This states that the pharmacist or pharmacy owner should, in the public interest, provide information about available professional services. However, publicity must not claim or imply any superiority over the services offered by other pharmacists, must be dignified and must not bring the profession into disrepute.

Publicity should not involve any unsolicited approach directly to a member of the public. Neither is it permitted to offer inducements by way of a discount, gift, reward, rebate or participation in a competition relating to the service in question.

A signed and dated confirmation of the request for the pharmacist to carry out the pregnancy test should be obtained. If a form is used, it should state the limits of the test's accuracy. All questions

Continued on page ii

Continued from page i

relating to the test should be asked by the pharmacist and the answers recorded in writing.

When undertaking a pregnancy test, or offering contraceptive advice for that matter, efforts should be made to establish whether the girl is under 16 years of age. In this case, the pharmacist should strongly urge her to seek advice from her GP or a similarly responsible adult.

In deciding whether to provide contraceptive advice, regard should be paid to the maturity of the girl and the consequence of any unprotected intercourse.

Information regarding a positive pregnancy test should not normally be referred without the girl's consent, Council advises. Rarely, if the pharmacist believes that there may be a risk to the life of the girl or her pregnancy following receipt of a positive test result, it may be necessary to inform a responsible person without the girl's consent. Any disclosure, and its extent, should be recorded on the patient's record.

## Communication

It is difficult to provide comprehensive information and guidance about the interpersonal skills necessary to communicate personal information such as a test result. So much will depend on the woman herself and her circumstances.

You may not know whether the woman hopes for a positive result because she has been trying for a family for months, even years, without success, or whether she is a teenager without a steady boyfriend and a positive result will shatter her world. You have to be prepared for all eventualities and react accordingly.

The communication of the test result can be an intensely private matter and, understandably, many women may be reluctant to discuss such matters in the open shop. The use of a private or separate counselling area will help allay any such fears.

The RPSGB Council Statement on pregnancy testing recommends that the results should be provided in writing on a standard form. If it is necessary to convey the result by phone, the pharmacist should be satisfied that the person calling is the person who requested the test and should also provide written confirmation of the result.

The form used should be dated and give the name and address of the patient. The result should be given as either "positive" or "negative" with an explanation of these terms and the limits of the accuracy of the test.

At the request of the patient, a copy of the form should be sent to her GP. Whatever the result of the test, the patient should be strongly advised to consult her doctor or, if she appears reluctant to

do so, another source of medical advice such as a pregnancy advisory bureau.

The RPSGB advises that pharmacists do not recommend a particular pregnancy advisory bureau but should have a list available for use if the patient requests this information.

Useful names and addresses are given at the end of this article.

A written record of the result of the test, together with information provided by the patient, should be retained by the pharmacist for at least one year. The record should also note the type of test and the batch number of the test materials used.

Such records should be stored safely to preserve patient confidentiality. Information should only be disclosed at the request of the patient.

It is important that the request for a pregnancy test and the subsequent communication of the result should not be viewed in isolation. The situation offers opportunities for **additional healthcare counselling** which the pharmacist is ideally placed to fulfill.

For example, if the result is negative and the woman seems relieved about it, this could be the cue for tactful enquiries about the nature of contraception being used, if any. Reminders about safe sex and the need for protection against sexually transmitted diseases may also follow from this discussion.

If, on the other hand, a negative result is greeted with disappointment, tactful enquiries could be made about how long the woman has been trying for a baby, whether her cycles are regular and so on.

Ovulation prediction tests available through pharmacies have helped many couples to have a family. These kits work by detecting the monthly surge in luteinising hormone (LH) which precedes ovulation. It gives the women an indication of her most fertile time and so increases the chance that she may become pregnant.

If the woman says she has been trying unsuccessfully for over a year, perhaps with the use of an ovulation prediction kit, she should be advised to contact her GP for further investigations.

## Healthy pregnancy

A positive pregnancy test may prompt many questions and the pharmacist is also ideally placed to answer queries, offer advice or even healthcare literature.

The early stages of pregnancy are very important. In the first 12 weeks after conception, all the baby's organs are formed including the brain, nervous system and heart. As a result, advice on a series of lifestyle changes are vital to help ensure a healthy pregnancy.

If the woman smokes and has not already given up, advise her to do so. Smoking lowers the amount of oxygen reaching the foetus and heavy smoking is associated with smaller babies. Alcohol can

also affect foetal development.

Many requests for advice concern the use of over-the-counter medication. Non-prescribed medication should be avoided, especially during the first three months of pregnancy. It is important that the patient's GP is informed so that he or she can make a risk/benefit assessment with regard to any prescription only medication being taken.

## Normal diet

Many women still mistakenly believe that they should "eat for two" when pregnant. Instead, you should advise them to eat a normal, well-balanced diet containing plenty of protein, vitamins, calcium and fibre. Constipation and haemorrhoids are common problems in pregnancy which a diet rich in fibre should help to prevent.

Food scares associated with pregnancy have been common in recent years, and this may cause confusion over what is safe to eat and what is not. In general terms, women should be advised to avoid liver and other foods that are high in vitamin A.

They should also avoid unpasteurised milk and some

soft cheeses which may contain the bacteria *Listeria*.

Chicken, eggs and ready-prepared meals should all be thoroughly cooked and lightly cooked omelettes, scrambled eggs and any dish containing raw eggs or fresh mayonnaise should be given a miss.

Folic acid supplements are now recommended for women who are pregnant, or who plan to become pregnant, as evidence has shown that folic acid helps prevent neural tube defects such as spina bifida.

A professionally run pregnancy testing service, backed by accurate and accessible advice on all manner of related healthcare topics, is a real asset to any pharmacy.

Proving your worth to mothers-to-be at this early stage, and winning their confidence means they are more likely to come back for help and advice during the next nine months and beyond.

A look at the shelves of an average pharmacy will show the importance of baby products and medicines for minor childhood ailments. Impress your customers at this stage, and you'll have their business for life.

## Useful addresses

### • British Pregnancy Advisory Service

Austy Manor  
Wootton Wawen  
Solihull  
West Midlands B95 6BX  
☎ 05642 3225

A charity operating a nationwide network of advisory centres offering services connected with pregnancy, fertility and subfertility.

### • Brook Advisory Centre

153a East Street  
London SE17 2SD.  
☎ 071-708 1234  
Provides advice on contraception and pregnancy aimed at the under-24s in particular.

### • Family Planning Association

27-35 Mortimer Street  
London W1N 7RJ  
☎ 071-636 7866  
Supplies information on local family planning clinics as well as literature on methods of contraception and healthcare.

### • Marie Stopes House

108 Whitfield Street  
London W1P 6BE  
☎ 071-388 0662  
Provides family planning advice, gynaecological check-ups, advice about unplanned pregnancy and female and male sterilisation.

### • The Maternity Alliance

15 Britannia Street  
London WC1X 9JP  
☎ 071-837 1265  
Provides information on all aspects of maternity services and rights. Has free literature on benefits for families and maternity rights at work.

### • The Miscarriage Association

18 Stoneybrook Close  
West Bretton  
Wakefield  
West Yorkshire WF4 4TP  
☎ 0924 85515  
Provides information on miscarriage as well as counselling and support for sufferers.

### • National Association for the Childless

318 Summer Lane  
Birmingham B19 3RL  
☎ 021-359 4887  
Supports couples experiencing fertility problems by providing information on latest medical research and alternative methods of parenting.

### • National Childbirth Trust

9 Queensborough Terrace  
London W2 3TB  
☎ 071-221 3833  
Offers antenatal classes in breathing methods and relaxation techniques in preparation for labour. Also operates a breastfeeding promotion service.

### • National Council for One Parent Families

255 Kentish Town Road  
London NW5 2LX  
☎ 071-267 1361  
Provides advice and information on housing, social security, taxation and maintenance.

### • Gingerbread

35 Wellington Street  
London WC2 7BN  
☎ 071-240 0953  
A self-help association for one-parent families. Operates a network of countrywide support groups.

A collage of various world landmarks including the Great Wall of China, the Leaning Tower of Pisa, the Taj Mahal, and the Colosseum.

**PRESCRIBING INFORMATION:**

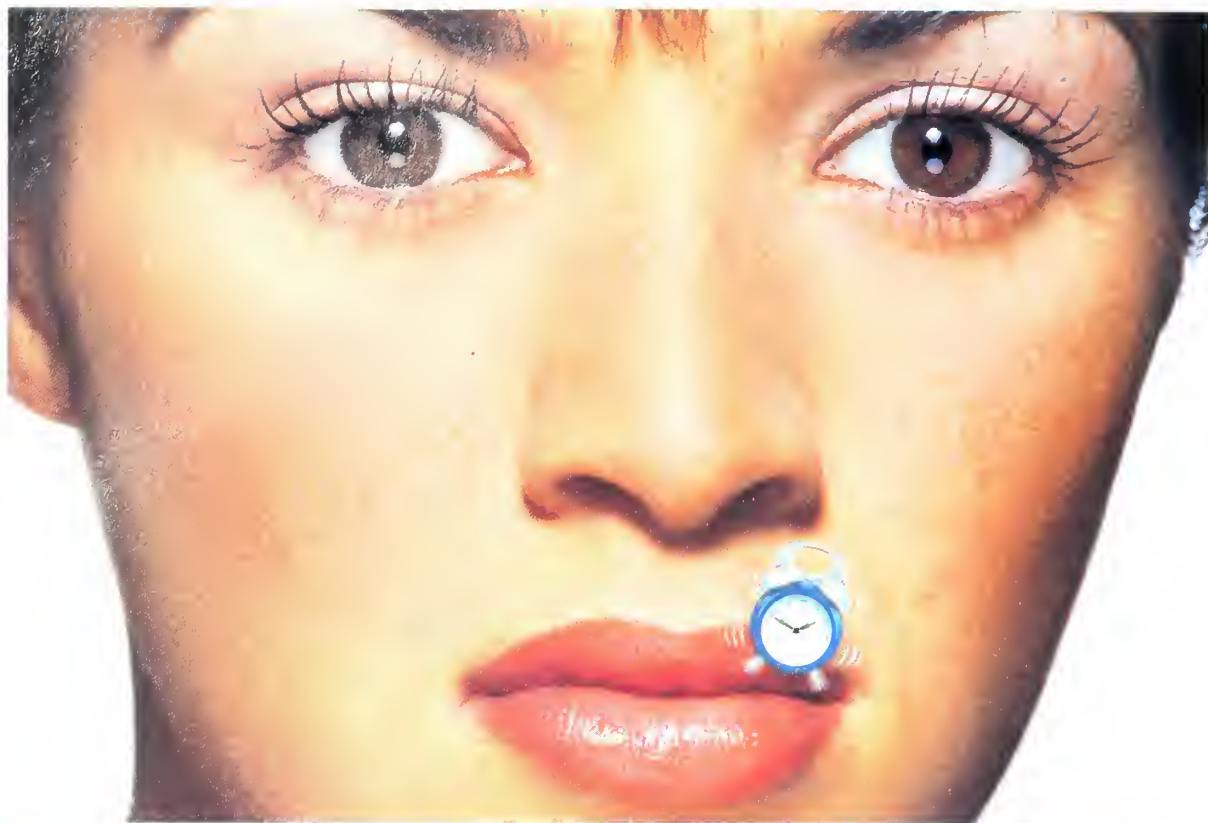
concomitantly with Zantac is recommended, especially if elderly. Reduce dosage in the presence of severe renal failure (see data sheet). Avoid in patients with history of porphyria. Effervescent Tablets contain aspartame, use with caution in patients with phenylketonuria. Like other drugs, use during pregnancy and lactation only if strictly necessary. **SIDE EFFECTS** Headache, dizziness, skin rash, occasional hepatitis, rarely arthralgia, myalgia. Rarely, reversible mental confusion states, usually in very ill or elderly patients. Rare cases of leucopenia and thrombocytopenia, usually reversible, agranulocytosis and pancytopenia. Hypersensitivity reactions, anaphylactic shock. Rare cases of breast symptoms in men. As with other H<sub>2</sub>-receptor antagonists rare cases of bradycardia, A-V block and asystole (see data sheet). **PRESENTATIONS** Zantac 150 Tablets each containing 150mg ranitidine HCl, (Product licence number 10949/0042, 60 tablets £27-89); Zantac 300 Tablets each containing 300mg ranitidine HCl/ (Product licence number 10949/0043, 30 tablets £27-43); Zantac Effervescent Tablets each containing 150mg ranitidine HCl/ and 14-3mEq sodium, (Product licence number 0004/0392, 60 tablets £27-89); Zantac Effervescent Tablets each containing 300mg ranitidine HCl/ and 20-8mEq sodium (Product licence number 0004/0393, 30 tablets £27-43); Zantac Syrup each 10ml dose containing 150mg ranitidine HCl/ (Product licence number 0004/0310, 300ml bottle £22-32). **PRODUCT LICENCE HOLDERS** Glaxo Operations UK Limited, Greenford, Middlesex UB6 0HE. Glaxo Pharmaceuticals UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT.

**[POM]** Zantac is a Glaxo trade mark



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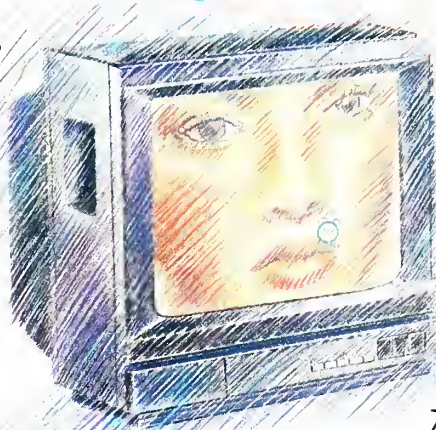
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Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. *Side- and adverse-effects:* Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. **Retail Selling Price** – subject to Retail Price Maintenance: 2g tube – £4.99 (PL 3/0304) **Legal category** P. Further information available on request: Wellcome Medical Division The Wellcome Foundation Limited Crewe Hall, Crewe, Cheshire. Date of preparation: 13/5/93 © Trade Mark

# How economics affect healthcare outcomes

The increasing cost of drugs and the Government's attempts to reduce the NHS bill are important issues for pharmacists today. They need to understand the concept of health economics and its effect on healthcare provision.

Adrian Towse, director of the Office of Health Economics, outlines the basic principles using two important therapeutic categories as practical examples



Growing demands on the NHS, and Government concerns about the rate of growth of public spending, have led to downward pressures on the costs to the NHS of the people it employs and the services and medicines it buys.

The PACT information on prescribing costs supplied to GPs, the Indicative Prescribing Amounts (IPAs) given to GPs (incorporated in the budgets of fundholders), together with the visits of medical and pharmaceutical advisers, and the bulletins of the Medicines Resource Centre, are all intended to reduce the rate of

growth of the medicines bill.

GP fundholders have a direct incentive to reduce their prescribing costs as they can spend the money saved on other services. After the failure of family health services authority-sponsored incentive schemes aimed at non-fundholders, the Government is now allowing FHSAs to approve schemes that give GPs cash awards of up to £2,500 for savings on IPAs to spend on other forms of healthcare for their patients.

But these cost containment measures may not necessarily provide value for money from

NHS spending. Value for money involves comparing outcomes with costs. It involves looking at the effectiveness of money spent on medicines, and not only at the amount. It is about economics and not economy.

## What is it?

Health economics is about balancing the demand for healthcare with the supply obtainable from the resources available. That includes looking at the efficiency with which healthcare is delivered.

We are interested in a subset of health economics, related to

efficiency in the use of medicines. Randomised clinical trials are the standard way of measuring efficacy in terms of benefit to the patients. The economic question is one of efficiency. What is the relationship between the resource use and the benefit to the patient?

This subset of health economics is often called "pharmaco-economics" or the "economic evaluation of medicines".

## Measuring efficiency

There are a number of ways of measuring the efficiency of a medicine. All involve a measure of output, or benefit, and a measure of input, or cost.

There are debates about which costs to include when comparing a form of treatment with an alternative course of action. Direct costs of treatment (medicines, doctors, hospital costs) are straightforward. Whether to include indirect costs, related to time off work, is the subject of debate.

But the major differences in methodology come from the approach to measuring the output side of the efficiency ratio: the benefit to the patient/the effectiveness of the product. There are several types of study.

### • Cost-minimisation

This is relevant where either outcomes are the same and so efficiency becomes a question of minimising the cost of inputs, or where the more effective treatment is expected to be lower cost also.

### • Cost-effectiveness

This is the study of outcomes in "natural units" or health effects, which could be "years of life gained" or "cases cured" or some more intermediate measure such as "change in blood pressure".

### • Cost-utility analysis

This measures outcomes in utility measure, usually quality adjusted life years (QALYs), which combine mortality and morbidity, ie change in life expectancy and change in state of health during life expectancy. The concept is illustrated in the diagram right. It involves a two-stage process: a) Describing the change in health state experienced by the patient, and establishing any changes in life expectancy. This

could be using a disease-specific profile or a more general health classification, such as Rosser's system (see table opposite).

b) Placing a value on the change in state of health achieved, ie where does one place a state of health on a scale between 0 (death) and 1 (full health)?

## Preferences

Many economists prefer:

- **The standard gamble**, as illustrated at the foot of page viii, where people are invited to choose between being in that health state for the remainder of their lives or undergoing a treatment with only two possible outcomes: achieving either full health or death.

The probability of achieving full health in the gamble is adjusted until the subject is indifferent as to the health state and the gamble. The probability which achieves indifference can then be used to calculate the preference value for the health state.

- **A time trade-off** (centre, page viii), where the patient indicates how many years they would "trade" in that health state for years of full health, ie given the choice of remaining in that health state for the rest of the patient's life or returning

to full health for a shorter period, what reduction in length of life would be traded for full health?

- **A visual analogue scale**, which is a simple substitute for the standard gamble or time trade-off. It is literally a line on a piece of paper where people place their health state, or given health state described to them, on the scale of 0 to 1.

Some forms of "quality of life" measurement are used in cost-effectiveness studies, with disease-specific or general health profiles used to identify change in patient health on one or more dimensions. But cost-utility analysis goes beyond a description. The change in health state needs to be valued by reference to "standard" health states.

- **Cost-benefit analysis** measures patient benefit by reference to the monetary value to be placed on it by society. This could be based on a "human capital" approach, which is the economic value to society of a fit person. This goes back to the question of the "indirect costs" of illness and there is debate about the validity of the approach. More usually, a money value of benefit is based on a view of the individual's "willingness to pay".

## Rosser's classification of states of ill health

Disability		Distress
I	No disability	A No distress
II	Slight social disability	B Mild
III	Severe social disability and/or slight impairment of performance at work	C Moderate
	Able to do housework except very heavy tasks	D Severe
IV	Choice of work or performance at work very severely limited	
	Housewives and old people able to do light housework only but able to go out shopping	
V	Unable to undertake any paid employment	
	Unable to continue any education	
	Old people confined to home except for escorted outings and short walks; unable to go out shopping	
	Housewives able to perform only a few simple tasks	
VI	Confined to a chair or wheelchair or able to move around in the house only with support from an assistant	
VII	Confined to bed	
VIII	Unconscious	

Although economists view this approach as theoretically the most pure, few studies are undertaken. One reason is that willingness to pay depends on income, and a patient's income is not regarded in most countries as an important element in decisions about whether or not to administer a particular form of treatment. But there are signs of growing interest in conducting these types of economic evaluation.

## Cost-effective

So, for practical purposes, health economics is about cost-effectiveness measures, which will often use conventional clinical trial measures of outcome, and cost-utility studies, which do not. The development of economic evaluation can be seen by looking at studies in two areas — treatment of duodenal ulcers — use of hormone replacement therapy (HRT).

A pioneering study, carried out in 1981 by Culyer and Maynard (<sup>1</sup>), concluded that the use of cimetidine (Tagamet) for long-term therapy was more cost-effective than surgical treatment of duodenal ulcer by vagotomy.

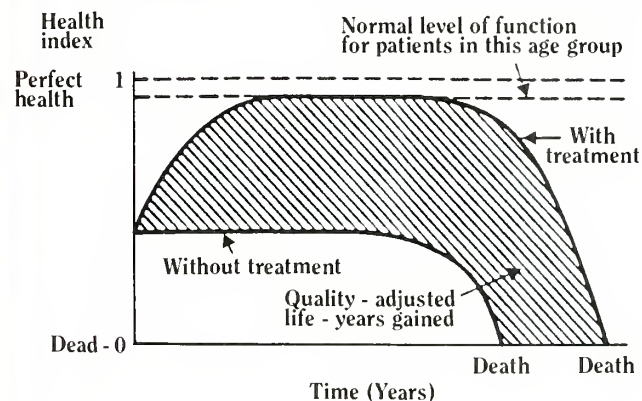
It was, technically, a cost minimisation study, establishing the costs of two alternative procedures judged to result in the same clinical outcome — an ulcer healed in a given period of time.

The study found that, although the cost of the operation was similar to the discounted costs of long-term Tagamet treatment, when the risk of death from surgery was added in (by including as a cost of the operation the expected value of human life lost), there was a decisive shift in favour of the cost-effectiveness of the medicine.

More recent pharmacoeconomic studies of duodenal ulcer treatment have focused on the cost-effectiveness of alternative pharmaceutical therapies (usually H2 antagonists and omeprazole). These have looked, for example, at cost per ulcer healed after a certain period of time, or at the cost-effectiveness of different treatment regimens such as long-term therapy or intermittent treatment on patient relapse.

Continued on pviii

## Quality - adjusted life - years added by treatment



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# Cost per quality-adjusted life year (QALY) for different health interventions

	£
Advice by GP to stop smoking *	300
Ten-year HRT for hysterectomised women with severe menopausal symptoms	700
CABG for severe angina with left main disease *	1,500
Ten-year HRT for hysterectomised women with mild menopausal symptoms	1,700
Prophylactic treatment of hysterectomised women (no menopausal symptoms) for 15 years with HRT	2,100
Action by GPs to control hypertension *	2,400
CABG for moderate angina with five-vessel disease *	3,500
Breast cancer screening programme *	4,700
Ten-year HRT for women with mild menopausal symptoms	6,200
Heart transplantation *	7,200

\* Updated to 1989-90 prices using NHS price index  
Source: Oxford HRT Group

Continued from p vii

As understanding of the role of *Helicobacter pylori* in causing duodenal ulcers increases, any therapy which is clinically proven to eradicate the organism is also likely to be cost-effective, as it removes the need for repeat prescribing.

A 1992 study by the Oxford HRT Study Group (\*) started with the available clinical evidence. The Group assumed that:

- progestogens eliminated the increased risk of endometrial cancer associated with oestrogen, but that more than five years' use of HRT led to a greater risk of breast cancer
- HRT prevented the development of osteoporosis and decreased the risk of coronary heart disease and of stroke, as well as relieving menopausal symptoms.

The group's economic model combined increased life expectancy with quality of life improvements from symptom relief, using a time trade-off approach to arrive at a QALY measure of benefit to patients. Costs included medicines and GP consultations, offset by the

savings from not treating heart disease and stroke cases. The resultant cost per QALY figures are set out in the table above.

The group concluded that, in terms of cost-effectiveness, both long-term prophylactic HRT treatment of hysterectomised women and HRT treatment of symptomatic women with a uterus, compare favourably with other accepted healthcare interventions.

## Evaluation issues

Economic evaluation studies are improving in quality but some difficulties remain. The value of company-sponsored studies has been called into question. But provided the methodology and data are validated and the assumptions are realistic, then economic evaluations can be judged on the same basis as clinical trials. Differences about appropriate methodology are of more concern.

The Culyer and Maynard paper on the treatment of duodenal ulcers included the indirect costs of time off work resulting from a hospital operation. Many argue that this cost should not be included, as there is no loss to the economy

if work colleagues cover or an unemployed person is taken on to replace them.

Moving from quality of life descriptions (general or disease-specific) of a health state to a valuation of that health state remains controversial, not least because different valuation methods seem to give us different valuations of the same health states.

The Oxford HRT Group study used "informed clinical judgment" rather than the preferences of patients to arrive at an estimate of the reduced quality of life experienced by women with menopausal symptoms. Interviewing a group of patients may lead to a different value, and hence the cost per QALY will change.

The use of QALYs to compare treatments is criticised by some economists and clinicians. It has been argued, for example, that QALYs are biased against the treatment of older people, and that combining morbidity and

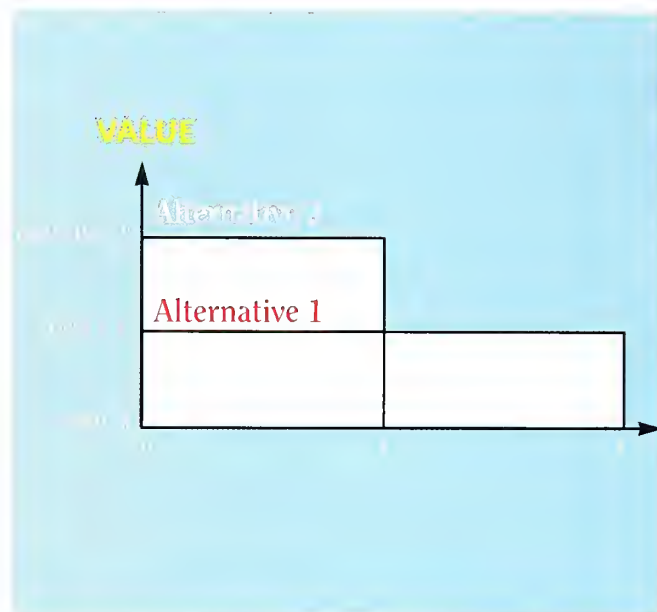
Many prescribers and purchasers have only a limited understanding of health economics and may see this information as, at best, a secondary factor to the main, clinical, judgment.

## Prioritise care

The implication of QALY tables of the kind set out in the table opposite is that cost per QALY can be used to prioritise healthcare. The most cost-effective treatments are provided first, and purchasers go down the list until their budget is exhausted.

The experience from Oregon and other discussions of rationing (such as the Dunning report on *Choices in Healthcare in Holland*) indicates that efficiency is only one part of a dialogue between health professionals, economists and the general public about priorities.

But purchasers and prescribers have to make



mortality in one measure obscures the real trade-offs that are being made between treating different types of disease and different groups of patients.

There is some controversy about the discounting of QALYs — is a health benefit achieved in five or ten years' time of the same value to society as one achieved today?

## No discount

The Oxford HRT Group study discounted QALY benefits at 5 per cent per annum. Department of Health economists have argued that health utility benefits should not be discounted. This is an important issue when making some decisions, for example, about vaccination programmes, which may stave off disease more than a decade ahead. Discounting health gains reduces the apparent value for money of these programmes.

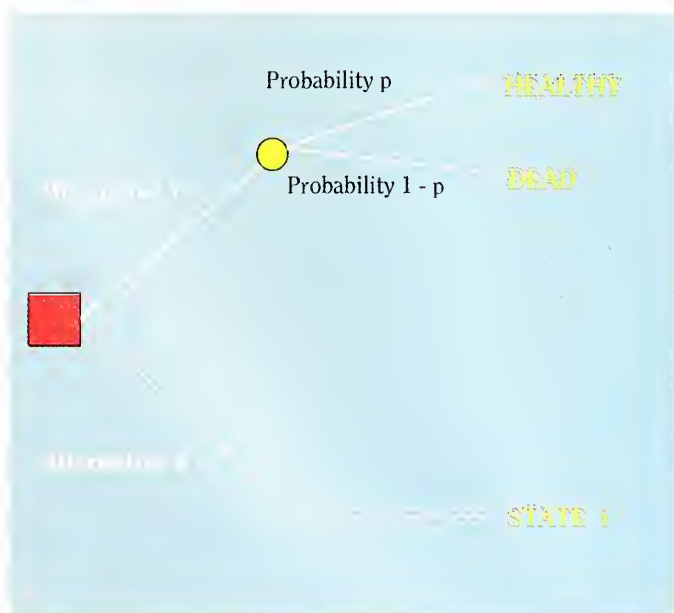
Concerns about the methodology of economic studies will have an impact on the willingness of decision makers to use the information from these studies.

decisions about the use of limited resources, and using information about efficiency must improve the quality of those decisions. It is particularly important for patients that, where higher priced medicines produce better outcomes, health economics provides information on value for money for prescribers.

Only in this way can we ensure that the NHS moves from a concern about the cost of medicines, to one about their value for money, enabling doctors to prescribe cost-effective medicines and signalling to the pharmaceutical industry that NHS patients will continue to get innovative medicines that benefit society.

## References

- (\*) Culyer A. J. and Maynard A. K., Cost-effectiveness of duodenal ulcer treatment, *Social Science and Medicine* 1981, 15C, 3-11.
- (\*) Daly E, Roche M, Barlow D, Gray A, McPherson K, Vessey M, HRT: An analysis of benefits, risks and costs, *British Medical Bulletin* 1993, 48, No 2, 368-400.



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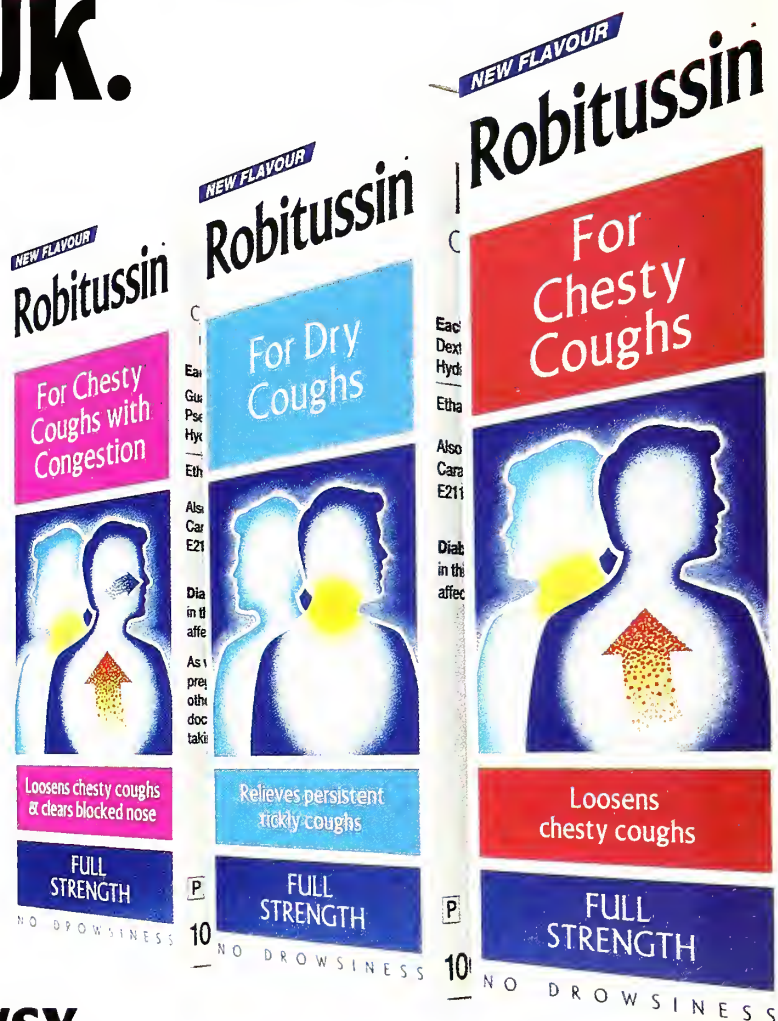
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**ROBITUSSIN\* FOR CHESTY COUGHS WITH CONGESTION.** Presentation: Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Guaiphenesin Ph.Eur 100 mg, Pseudoephedrine hydrochloride BP 30 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** For relief of chesty coughs coupled with nasal congestion. **Recommended Dosage:** Using the measuring cup provided, the following doses are given 3 times a day. *Adults* 10 ml. *Children 6-12 years* 5 ml. *Children 2-6 years* 2.5 ml. *Under 2 years*, not recommended. **Warning on the pack:** Do not exceed the stated dose. **Product Licence Number:** PL 0165/0098.

**ROBITUSSIN\* FOR DRY COUGHS.** Presentation: Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Dextromethorphan hydrobromide Ph.Eur 7.5 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** For the relief of dry, irritant coughs. **Recommended Dosage:** Using the measuring cup provided, the following doses are given 3 to 4 times a day. *Adults* 10 ml. *Children 6-12 years* 5 ml. *Under 6 years*, not recommended. **Warning on the pack:** Do not exceed stated dose. **Product Licence Number:** PL 0165/0100.

**ROBITUSSIN\* FOR CHESTY COUGHS.** Presentation: Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Guaiphenesin Ph.Eur 100 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** Provides symptomatic relief of chesty coughs. **Recommended dosage:** Using the measuring cup provided, the following doses are given 4 times a day. *Adults* 10 ml. *Children 6-12 years* 5 ml. *Children 1-6 years* 2.5 ml. *Under 1 year*, not recommended. **Product Licence Number:** PL 0165/0097.

# David's Goliath

Staffordshire pharmacist David McMullen has taken his extended role one step further and become a property developer. John Stockton reports from the moors

Three years ago, when an increasing number of small businesses were falling into receivership, Endon pharmacist David McMullen was calmly and calculatingly bucking the trend. The Cumbrian-born graduate turned entrepreneur had just bought Alder House, a 25-roomed Staffordshire Moorlands property, of which his tiny chemist's shop was a rented part.

The Victorian dwelling was in need of major renovation, requiring a new drainage system, drastic plumbing and electrical repairs, replacement flooring and staircasing, damp-proofing and much more.

## Knock-down price

"There was a plus side, though," says Mr McMullen. "The property market was at an all-time low, there were a number of development options available to me, and I was able to purchase at a knock-down price. Although I was taking a calculated risk, I knew that all necessary repairs and extensions could be obtained at recessionary rates using reputable local firms.

"My first intention had been to clear the substantial site completely and sell it off as choice plots for luxury homes. But in the wake of catastrophic lay-offs in the building trade, I was aware that such a move could prove financially suicidal."

Rather than demolish the large and ailing property, Mr McMullen decided not only to extend it, but to bring it kicking and screaming into the 1990s. The plan was to include a bigger pharmacy with fresh, clear lines extending backwards into the old building, five further units within the original two-storey shell for letting, and extensive car parking facilities.

The re-designed complex now houses a thriving kindergarden, a unisex hairdressing salon, a fitness centre and a florist's, the latter occupying the original chemist's shop.

In the village, less than 100m from Alder House, the late 19th century railway station has been transformed into a newsagent's, while an ultra-modern doctors' surgery and car park have replaced the old goods yard. Both surgery and



Alder House with pharmacy extension



David McMullen in his "corridor" dispensary at the old shop

pharmacy are equipped with the latest in computer hardware and have elaborate security systems.

"It's an unfortunate sign of the times that we have to go to such extremes to protect our property," says Mr McMullen, "but to ignore security is modern day madness.

"I have invested well over £3,500 in sophisticated alarms, flood lighting and video cameras. My extension is purpose-built above car park level to discourage ram raiders, although a railed sloping ramp for wheelchair and elderly customers has been incorporated in the structure."

## Creative plans

Analysing the limitations of his former retail outlet and the layouts of successful pharmacies in similar catchment areas has enabled a great deal of creative and objective planning to go into the Endon pharmacy's interior design.

A bright and spacious open-plan shopping area allows items to be displayed to their full potential, as well as creating a pleasant and welcoming environment for customers. The dispensary, too, is open-plan, inviting patient interest and confidence.

Devised very much with personal service in mind, the McMullen pharmacy aims to meet its customers' health and product requirements with the minimum of fuss. The quality of patient care has improved, staff strengths identified and turned to economic account, and

increased efficiency has seen a meagre £60,000 turnover soar to £330,000 per year.

Customers have come to rely on the pharmacy's high standards of service and a staff prepared to listen and offer sound advice.

"We have a professional commitment to developing communications skills and patient counselling," says Mr McMullen. "We consider ourselves very much a part of the community health team, and fully subscribe to the overall welfare of the area we serve."



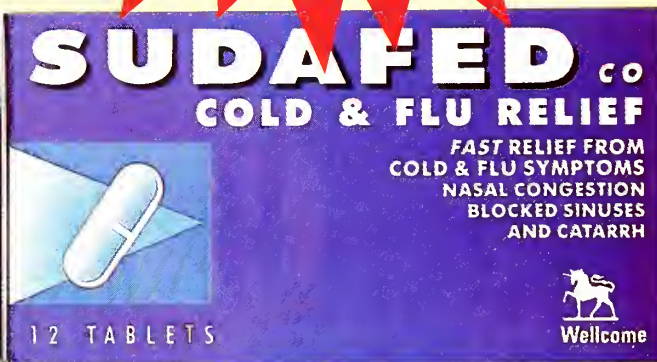
The open-plan dispensary creates interest

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# Giving due notice

**Unless proper procedures are followed, terminating a contract of employment with notice can lead to potential problems, as Annabel Kaye explains**

The two most common ways of terminating a contract of employment are through resignation or dismissal, remembering that redundancy is also simply one form of dismissal.

Dismissal may be without notice for gross misconduct or with notice. And, while the latter may seem more straightforward, there are still plenty of potential problems unless proper procedures are followed.

Once you decide to dismiss someone, other than summarily for gross misconduct, you must do one of two things. You may give them "notice" which is telling them, either orally or in writing, that their contract will be terminated at a set date in the future. They then continue to work as usual until that time, being paid in the normal way for their work.

Alternatively, you may require them to cease employment at once, being paid "money in lieu" of the notice period.

Because, in effect, the same money is being paid — in one case for work done during the period and in the other for the enforced immediate absence — both are commonly referred to as "notice money", which can occasionally cause confusion and problems.

There are also differing effects depending on whether or not your contracts of employment explicitly "reserves" to you the right to pay money in lieu.

The minimum notice which employees are entitled to is laid down by law. If the contract with an individual employee provides for longer notice than the statutory minimum, that better contractual provision will apply.

Those with more than one month's service have a statutory right to one week's notice; with two or more years' service the entitlement increases to one week for each full year of service up to a maximum of 12. This is the legal minimum which will be exceeded if your contracts provide better terms.

Even if your contracts do not mention notice (which they

should) or there is no written contract, employees are still entitled to "reasonable" notice. Generally this will be the statutory minimum, unless the employee is particularly senior or you have consistently used more generous terms in similar cases in the past.

If your contract does reserve the right to pay money in lieu, then treat the notice pay exactly as any other, deducting tax and National Insurance — whether the notice is actually worked or not. If the employee has benefits such as a company car, take these into account either by continuing the benefit during the notice period or by calculating its value and adding that into the payment.

## Employee rights

If you fail to take either course available to you — allowing them to work their notice or paying money in lieu — your employee can go to the county court or an industrial tribunal under the Wages Act.

If your contracts include conditions related to post-employment such as restraint of trade, you must certainly should have the right to pay money in lieu in the contract. If not, and you opt to pay money in lieu anyway, you may well find those conditions are unenforceable.

In the county court, the ex-employee can sue for damages which would be the net value of the contract, including benefits, over the period of notice. As damages, however, there would be no liability for tax or insurance, and the full value of the

award would be paid to the employee.

If you pay money in lieu under a contract without that right, you may normally pay the full amount without tax and insurance contributions. But if you plan to make this a general practice, it would be wise to check with your accountant and perhaps the local tax and benefits offices.

The practice of paying notice money gross without deductions is a common one and many employees expect it. But if your contract reserves the right to pay money in lieu, you may later get a bill for the tax and insurance due. If the contracts do not have the money in lieu clause, you may be paying more than you need.

One reason why a gross payment is made is that if there are other benefits to take into account, the "gross instead of net" equation roughly corresponds to their value without too precise a calculation.

Sometimes employers give a time period notice but choose not to require the employee actually to work during it. This is commonly known as "gardening leave", and represents full employment status so that the normal deductions should be made and benefits kept alive. It is something that is often done when there are restraints of trade, and is especially useful if you want someone to leave immediately but there is no "money in lieu" clause in the contract.

It is most important that

you keep careful records of everything to do with a dismissal — the Benefits Agency and Inland Revenue can each audit your books for relevant deductions going back seven years.

## Keep records

Records should include contracts which applied at that time, notes of discussions and, especially, letters of dismissal. These should always state the date of dismissal (the date of termination), whether you are giving notice and, if so, for how long a period, or whether you are paying money in lieu of notice. If you are paying gross to allow for the value of legitimate benefits, the letter should clearly state that this is the case.

If letters are ambiguous, you may find later that even though your employee did not come into work again, a court, industrial tribunal or audit officer interprets them as giving time-based notice, granting "gardening leave", and thus making you liable for expensive bills for tax and insurance contributions.

Since the "effective date of termination" is also part of the equation for calculating unfair dismissal rights, and the base for time periods for bringing tribunal claims, any lack of clarity can create much expensive confusion.

Certainly if you are dismissing a large number of employees at the same time, as in redundancy, it is particularly important that the exact wording of final letters is checked very carefully.



GUY PREBBLE

# Now the only irritation in my bath is me!

A baby is shown from the chest up, sitting in a white bath. The baby has light skin and dark eyes, looking directly at the camera with a slightly open mouth. The background is a soft, out-of-focus white.

## infoDERM

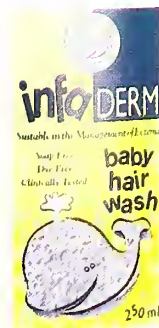
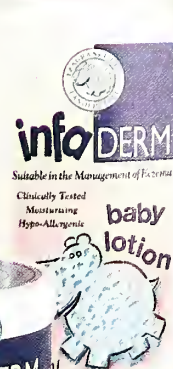
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# ACID REFLUX?

One name won't keep  
your customers guessing



Over 3 million people suffer from heartburn, at least once a week on average†.



New **Bisodol Heartburn**\* now lets you offer them a remedy truly *dedicated* to treating the problem.



Its special long-lasting, double-action formula offers an alginate barrier to protect the oesophagus *PLUS* 2 powerful antacids that rapidly neutralise excess acid.



With a great-tasting cherry flavour and eye-catching packaging, it's ideal to recommend and display.



A massive £2 million *national TV launch* starts soon, backed by in-store leaflet display and promotional support - so order **New Bisodol Heartburn** now, before your customers ask for it by name.

**NEW BISODOL HEARTBURN**  
It's The Name To Beat The Burn

† Independent Research Data On File

**PRODUCT INFORMATION.** Presentation: Bisodol Heartburn Tablets. **Active ingredients:** Magaldrate USP 400mg/tablet, Alginate Acid Ph. Eur. 200mg/tablet, Sodium Bicarbonate Ph. Eur. 100mg/tablet. **Indications:** Bisodol Heartburn alleviates the painful conditions resulting from gastric reflux. It is indicated in heartburn, including heartburn of pregnancy, reflux oesophagitis, hiatus hernia, regurgitation and all cases of epigastric distress associated with gastric reflux. **Legal Category:** GSL. Can be used during the last 6 months of pregnancy. If you are taking other medication or symptoms persist, consult your Doctor.

Whitehall Laboratories Limited, Taplow, Maidenhead, Berkshire SL6 0PH  
Telephone 0628 669011 \* Trade Mark





# YULE BE SORRY

The party season is upon us again, bringing peak demand for digestion and hangover aids. Adrienne De Mont takes a look at the state of the market and products available to ease revellers' overindulgence

The gastronomic strain of Christmas and the New Year is good news for the digestive remedies market.

Sales of effervescent remedies reach a peak in December/January, when they account for about 23 per cent of the year's total. Nearly half this sector goes through pharmacies.

Indigestion tablets also show some seasonal increase, but to a more limited degree.

The total over-the-counter digestive remedies market grew by just over one-tenth last year to reach a retail value of £121 million, according to Sterling Health.

Indigestion tablets are the largest sector, accounting for 32 per cent. Effervescent, liquid indigestion remedies and anti-diarrhoeals are all relatively similar in size, accounting for 14 per cent, 16 per cent and 12 per cent of the market respectively.

Reckitt and Colman lead overall, followed by Sterling Health. In effervescent digestive remedies, Andrews brands lead the market in all retail outlets, while Andrews and Alka-Seltzer vie for first place in pharmacies and drugstores.

So far, the 1990s have seen renewed vigour in the digestive remedies market with respect to new products. Sterling Health comment that a high

proportion of the brands launched since 1990 appear to be successful compared with the high mortality of brands launched in the 1980s.

A major innovation next year will be the launch of OTC H<sub>2</sub>-receptor antagonists. Both cimetidine and famotidine are expected to switch from POM to P in January.

Famotidine, at a dose of 10mg twice daily, will be indicated for the relief of heartburn, dyspepsia and excess acid production. The packs will contain a maximum of two weeks' supply.

Centra Healthcare will be running an information campaign to pharmacists and other healthcare professionals on the correct use of the product in dyspepsia.

## P sector growth

The company's UK chief executive Colin Mackenzie believes H<sub>2</sub>-receptor antagonists will grow the P antacids sector, which accounts for only 6 per cent of the £39.9m antacids market through pharmacies. GSL products currently account for by far the largest slice of the market.

The market through pharmacies has been growing in both volume and value, with a trend towards the more "serious" rather than

"sweet-oriented" brands, says Mr Mackenzie.

Famotidine will still be available at higher doses (20mg and 40mg) for the prescription treatment of benign gastric and duodenal ulcers and other indications.

H<sub>2</sub>-receptor antagonists cost

the NHS £80m last year. Making some brands OTC will obviously save money but there have been suggestions that this could backfire: patients who discover the benefits of these products after self-medication may then try to get them on prescription from their GPs.

## TV for Bisodol

A £1 million television campaign featuring Bisodol Heartburn will run from this month until February.

To maximise awareness, Whitehall Laboratories are mailing information leaflets and dispensers to every independent pharmacy in the UK.

Bisodol Heartburn will feature on Whitehall's Christmas open/closed sign which tells customers when the pharmacy will be open over Christmas. Further point-of-sale

material, including counter display units, will be distributed in the New Year.



# FOR CUSTOMERS WHO PREFER CREAM OVER GEL



For customers who prefer cream over gel to relieve their soft tissue pain and inflammation, recommend Proflex Pain Relief – **a topical NSAID which provides the proven power of ibuprofen in a**



**soothing cream.** And with extensive consumer advertising to whip up your customers' appetites, make sure you stock Proflex Pain Relief now – and get a taste of the profits!

## THE POWER OF IBUPROFEN IN A PENETRATING CREAM



**Indications:** Proflex Pain Relief is a topical analgesic and anti-inflammatory treatment for the fast relief of the symptoms of rheumatic and muscular pain, backache, sprains, strains. **Presentation:** Cream containing ibuprofen BP 5.0% ww. **Dose:** Adults and elderly – 4-10cm (1½-4 inches) of cream 3-4 times daily massaged into the skin at the affected site. Children – not recommended under 14 years. **Side effects:** Slight erythema. Mild skin reaction. **Contraindications:** Hypersensitivity to ibuprofen. **Precautions:** Do not apply to broken skin, lips or near eyes. Consult doctor before usage if asthmatic, sensitive to aspirin, pregnant or receiving regular medical treatment. **Legal status:** P. **Pack size:** 25g. **Price:** £3.59. **PL Number:** 0030/0052. **PL Holder:** Zyma Healthcare, Holmwood RH5 4NU. Licensor: Dolorgeit (Bonn) Germany. Proflex is a registered trademark. Date of preparation: November 1993. **For further information on Proflex Pain Relief, please telephone Zyma Healthcare on 0306 742800 and ask for Sales Services.** 01193/618

MUSCULAR & JOINT INJURIES • RHEUMATIC PAIN • BACK ACHE • SPRAINS & STRAINS

# Morning-after feeling hits all age groups

Just over a quarter of all adults suffer at least one hangover a year.

Nearly two-thirds are men (63 per cent) but it is women who make most of the decisions on what to buy to treat the symptoms — men tend to use what is available, according to research carried out by Sterling Health. And for many younger men, the only OTC medicines they ever take are to treat a hangover.

The research, involving 244 people, found that just over one-third of hangover sufferers have a hangover once a fortnight or more. Over two-thirds of those who suffer from over-indulgence related ailments claimed to have a headache from this cause once a month or more. And nearly a quarter of upset stomach sufferers say they have an upset stomach because of over-indulgence once a fortnight or more.

As to be expected, the young are most likely to get hungover. Nearly three-quarters (73 per cent) of those suffering from at least one hangover a year are aged between 16-34 years. Men aged between 18-24 average 15 hangovers a year, a total nearly matched by their female counterparts who clock up 13.

Twenty-two per cent of those who have at least one hangover a year are aged 35-54, while 5

per cent are 55 or over. The average number of hangovers per year steadily declines with age, but even the older and wiser 65+ age group still makes mistakes, with men averaging three hangovers a year and women one.

Sufferers expect only partial relief from medicines and only just over 60 per cent treat hangover.

In one survey of 228 people, the reasons for not bothering were varied. Most preferred to sleep it off (35), while 26 thought it would go away on its own and eight thought treatment was not necessary. Nine disliked taking medicines, three thought they didn't work and five were concerned they might cause upset stomach. Fourteen tried to make the pain go away naturally first, while others said that sometimes the pain did not last long (4) or was only mild (4). Three said they did not always have a remedy available and one martyr felt that he/she deserved to suffer!

## Using herbs

Potter's (Herbal Supplies) Ltd are running a £300,000 advertising campaign until May. The campaign, which concentrates on women's magazines, is backed by public relations and information to the public and trade through regular newsletters and education leaflets.

The herbal products they recommend for the festive season are Out of Sorts, which provides relief in tablet form for bloatedness and occasional constipation resulting from over-eating; Acidosis for the relief of indigestion, stomach ache and heartburn; Indigestion mixture containing Meadowsweet to combat excess acid and flatulence; Stomach mixture which combines a gentle antacid with herbal extracts acting on the stomach; Indian Brandee to give warming comfort and help nausea; Slippery Elm stomach tablets for symptoms of indigestion, heartburn and flatulence, particularly for those with a sensitive stomach; and charcoal tablets for flatulence, indigestion and heartburn.

## Medicinal teas

Weleda are introducing two medicinal teas for common digestive complaints. Both herbal tisanes come in packs illustrating their natural ingredients.

Claire tea, based on senna and aniseed, is for the symptomatic relief of occasional constipation. Carminative tea, containing chamomile and fennel, is for the symptomatic relief of flatulence.

Both come in 50g cartons with a 5ml measure, and are available as an introductory offer of 12 packs (six of each variety) for the price of ten (£18.70 trade, £37.80 retail).

## More Winter problems

The effects of festive over-indulgence are not helped by the onset of cold weather.

Ruth Higham, brands development manager at Windsor Healthcare, says: "In an effort to keep warm, we often eat stodgy foods rather than fresh fruit and vegetables which are high in fibre. Coupled with lack of exercise, this can also cause problems."

With this in mind Windsor suggest that pharmacists try to

maximise sales of constipation remedies such as Dulco-lax and Laxoberal by displaying them "front-of-house."

Those who display the recently repackaged 100ml Laxoberal bottle alongside Dulco-lax as standard practice can receive a copy of the new Fit for Life exercise tape by Diana Moran. The tape contains healthy eating information and a ten-minute work-out suitable for all ages and fitness levels.

## Christmas boosts

Alka-Seltzer will be backed by a £1 million television campaign concentrated in the peak four weeks for sales.

The Christmas message from Warner Lambert Health Care is to give a powerful shelf presence to the original and lemon varieties and to offer both sizes of each.

Remegel has £2m of television support to come in the next few months, and new freshmint Remegel is expected to add to sales.

The company reminds pharmacists that Listerine has a dual purpose over Christmas and the New Year — for use before going out to the celebrations and afterwards to deal with "bird-cage mouth". Another £2m television campaign is on its way.

## Sterling campaigns with a reader offer

Sterling Health are running reader offers on Andrews Original salts. A total of 1,400 books entitled *The Food Revolution* will be available through a variety of publications including *Sunday Mirror* magazine, women's

interest magazines, *Family Circle* and a selection of regional newspapers.

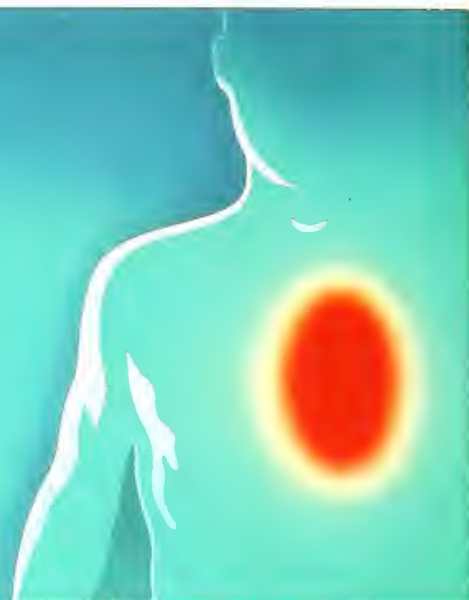
Andrews Antacid will be back on air from mid-December when a £2.5m campaign will feature the new fruit flavour tablets, inviting consumers to

"Suck 'em and see". Trial size rolls of six tablets (£0.29) will be available for a limited time.

A full colour national Press campaign for Magnatol starts mid-December. Leaflets on heartburn and indigestion are also available.



# Gaviscon - the taste of success



- Number one for heartburn relief
- Number one for customer choice
- Number one in pharmacy

It is estimated that at least half of adults will suffer from heartburn within 12 months and that 75 per cent of sufferers will not consult their doctor but head straight to their local pharmacist for advice. These figures dramatically increase over the Christmas period, which is traditionally a time for over-indulging.

## Reckitt & Colman — a dynamic force

Reckitt & Colman have been leading the OTC arena for years with products which are household names like Lemsip and Fybogel. In the dynamic pharmacy heartburn and indigestion remedies market, Gaviscon is the undisputed leader. Now in response to consumer demand Gaviscon is available in a choice of flavours: Gaviscon 250mg tablets are available in a refreshing lemon flavour as well as the original peppermint. Gaviscon liquid in both 100 and 200ml sizes has a new peppermint flavour in addition to the original aniseed.

## Number one for flavour

As to be expected from a professional marketing led company, Reckitt & Colman thoroughly researched consumer response to the two new flavours before introducing them onto the market. The news was highly positive and encouraging. It was found that the new



peppermint liquid is likely to attract new users to the whole Gaviscon range. Heartburn sufferers who had not previously used Gaviscon said they would purchase after trying the peppermint liquid. Current users of the aniseed liquid welcomed peppermint as an alternative. Tests carried out on the new lemon tablets showed that in comparison to some of the other leading heartburn treatments, Gaviscon lemon tablets were preferred overall. The taste, appearance and smoothness in the mouth

were particularly liked by consumers.

## Rapid and convenient relief from heartburn

It was not just the taste of Gaviscon which appealed to heartburn sufferers, efficacy was stated as a key reason to continue buying Gaviscon. Regular heartburn sufferers said they found the new Gaviscon range quick acting and convenient to use. The choice of using liquid which is

generally thought to be fast acting or the convenience of slip-on-the-pocket tablets was particularly appreciated by consumers.

Gaviscon relieves heartburn by forming a soothing protective layer on top of the stomach's contents. This helps to prevent acid from the stomach flowing back into the oesophagus, keeping acid where it works, not where it hurts. Clinical studies have shown that Gaviscon stops acid reflux and relieves the pain of heartburn in eight out of ten patients.

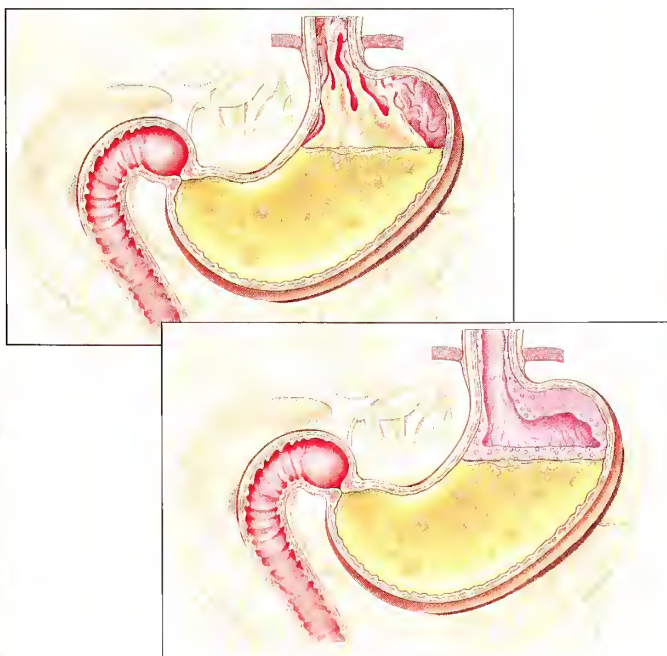


Relief from symptoms was rapid - within 15 minutes - and the effects continued to last for more than four hours in 75 per cent of people.

## Reckitt & Colman committed to the pharmacist

Reckitt & Colman has an

ongoing commitment both to the pharmacist and to the heartburn customer. This is why Gaviscon is only available through pharmacies. The launch of new Gaviscon flavours will be supported by a £1 million campaign. This will include a press advertising campaign, new consumer leaflets and high impact merchandising items for the



pharmacist including shelf and consumer units. Reckitt & Colman believe that the role of the pharmacy assistant is of ever increasing importance. Often the assistant is the first port of call for advice from the customer. Seminars for pharmacy assistants have been held by Reckitt & Colman for the past three years and such is the popularity of the

seminars, that they will continue throughout 1994. Combining experience with innovation and maintaining a commitment to pharmacy products which meet the ever increasing demands of the sophisticated consumer, is the foundation of Reckitt & Colman's continued success in the competitive market for over-the-counter medicines.

**Product information.** Active ingredients: Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 250 tablets: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid Gaviscon: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 tablets: Heartburn and acid indigestion. **Contra-indications:** None known. **Dosage instructions:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product licence nos:** GSL. **Product licence holder:** Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS. GAVISCON is a registered trademark. **Date of preparation:** 17.8.93.

# Preventing the pain before the party

Some hints for customers on avoiding the "morning after" feeling.

1. **Do not drink on an empty stomach.** Even if a meal is planned, a light snack beforehand will delay the absorption of alcohol from pre-dinner drinks.
2. **Watch what you eat.** Rich, fatty foods increase the risk of stomach upset.
3. **Pace yourself.** Slow down the alcohol intake by drinking one soft drink for each alcoholic one or allow a "teetotal" gap half way through the evening — it will help keep fluid levels up.
4. **Beware of generous hosts.** It's hard to keep track of alcohol intake when drinks are constantly being topped up.
5. **Know your drinks.** Hangover symptoms result not just from alcohol but from the congeners which give drinks their flavour. White spirits such as gin, vodka, white rum and tequila are mildly less harmful than whisky, brandy or dark rum as they contain fewer congeners. White wine is marginally preferable to red. The alcoholic strength of drinks can vary considerably; wine can range from 7 per cent to 12.5 per cent while extra-strength lagers or beers can have double the alcohol content of ordinary lagers.
6. **Mixer myths.** Carbonated mixer drinks speed the alcohol round the body more quickly, although they give the impression of a refreshingly diluted drink. Spirits are less

easily absorbed when neat than when diluted with just under an equal amount of water, so don't be tempted to drink large measures even when diluted.

7. **Stick to one type of alcoholic drink.** Mixing grape and grain increases stomach irritation.

8. **Women are more at risk than men** from the effects of alcohol. Women's bodies have a lower water content so the alcohol is relatively more concentrated. Body size of either sex dictates the amount of alcohol a person can take without experiencing ill effects, so slim men often cannot keep pace with their larger colleagues.

9. **Drink lots of water before going to bed.** This will dilute the irritants in the stomach and help prevent dehydration, which is partly to blame for the morning-after feeling.

10. **Common cures.** Don't be tempted to resort to black coffee or "the hair of the dog" as this increases dehydration.

11. **In the longer term...** The amount of alcohol which can be consumed over long periods without risk to health varies enormously, but men are advised not to drink more than 21 units a week and women no more than 14 units. One unit is equal to a single of spirits, a glass of wine (seven glasses in a bottle), a small sherry or half a pint of ordinary beer or lager.

Information supplied by Smithkline Beecham and Sterling Health.



Setlers and Setlers Tums, relaunched last Summer, are supported year round with television advertising. SB Consumer Brands say that Resolve enjoys increased sales around Christmas and holiday periods; the brand is being promoted in a "Student welcome pack" for university students

## Dyspepsia factfile

- The UK population experiences about 450 million attacks of heartburn or indigestion a year.
- One-fifth of the population experiences acid-related symptoms (9.3 million sufferers) and has an average of four attacks per month.
- One-third of sufferers account for 80 per cent of all attacks.
- Two-thirds of all sufferers self-medicate with various remedies and one-third seek a prescription from a doctor.

- Self-medicators spend an average 100 days each year on OTC remedies.
- Only 30 per cent of sufferers claim to be satisfied with the duration of relief offered by current OTC medications.
- Forty per cent of sufferers believe their problem is associated with the consumption of a particular type of food and drink.

Source: Burke International Research of New York.



Disprin's advertising has moved away from the traditional stance of emphasising pain and trauma, to focus on the "everyday" nature of headaches. Festive cartoon strips are appearing in colour in national newspapers this month and into January

Our leaders are bogged down in minutiae while the future of the profession lacks a simple and coherent overall plan, writes Robert Gartside

# Retail pharmacy lacks direction

The current furore and upsets over the offer from the Department of Health for this year's remuneration round has led to an unusual uncovering of the "hidden agenda" of all our negotiations.

The realisation is slowly dawning among retail pharmacists that the way in which we are paid governs the shape of the profession. This year's clumsy handling has demonstrated this with unusual clarity.

For a change, the DoH has been fairly honest — it wants to see a reduction in retail pharmacy numbers by about a quarter and does not really care how this comes about.

The surprise has been that our own negotiating committee has the same aim, and it has been interesting to see its contortions as it attempts to hide this from the people they allegedly represent.

## Haggle over price

There is an old story about a girl who refused to kiss for half a crown but showed interest at a thousand pounds, the point being that we knew what kind of girl she was and were merely down to haggling over her price.

In the same way, there is no moral difference between drawing a line for non-payment of an extra allowance at 100 scripts a month or at 10,000 scripts a month; arguing over the quantum is merely haggling over the price at which you will sell your soul.

We can see how the details of the NHS contract govern the shape of the profession by considering the vexed question of discounts. The contract insists that these are earned by individual pharmacies; nowhere is there any mention of the possibility that groups of pharmacies might conceivably earn extra discounts because of their greater total purchases.

So Blodwen Jones in Aberdruid is discounted at the same rate as the branch of the biggest multiple in the next town, even though she has but the one shop as against their 1,000. Simple logic and commonsense tells us that one is getting bigger discounts than the other. In the end Blodwen will go under because her

profitability is inadequate.

The contract in its present form must inexorably lead to the growth of the multiples at the expense of the independents.

Fine, if this is what the profession and the Department of Health want. But, if that is the case, why cannot we at least be honest about it? At least Lord Peston was honest about it, and one has to say that David Sharpe has not been totally silent.

## Large companies

It has become obvious that the Department of Health has a plan for retail pharmacy, and it seems to envisage the dispensing of medicines within

the NHS being totally in the hands of a small number of large companies which carry out their operations in a limited number of very large establishments.

Pharmacists will simply become employees and, since most of them will be women anyway, within a few years that will not matter very much.

The plan for the future of retail pharmacy produced by the Royal Pharmaceutical Society appears to read " ... er, leave it to the DoH", while that from the PSNC is rather less detailed. From the NPA comes a discreet silence, perhaps from fear of treading on other people's toes.

Even special interest groups

like the Rural Pharmacist Association and the Pharmacy Support Group have little to say in this area.

Compare and contrast, as they say, with nurses whose Project 2000, aimed at radically upgrading the whole profession, its standing and remuneration, is proving such a rip-roaring success. Looking at the nurses, can anyone doubt that the politicians and civil servants will listen if you present a good enough case? Why do we not do the same? Why do the leaders of our profession busy themselves with a plethora of trivia while leaving to one side the important job — their ONLY important job — that of ensuring the future of the profession?

Once you have a plan agreed by the entire profession, then you can examine any remuneration proposals for their effect on your plan. Let us say, for example, that our agreed plan for the future included an increase in the proportion of single-owner pharmacies. Then it becomes much easier to tell the DoH that its proposals are not acceptable because they will lead to a decrease in the proportion of single-owner pharmacies and this is contrary to our agreed plan.

Of course, our agreed plan has to be sensible, but one has only to look back a few years to see how useful it could have been. Had we, for example, had a professional plan in the 1960s, which envisaged the ending of doctor dispensing at a time when it covered less than 1 per cent of all

scripts, then it is much less likely that we should now be looking at 5 per cent or more of scripts being dispensed by unqualified and unsupervised people.

## Drifted along

Without a plan, we drifted from one expedient to another, from one *ad hoc* arrangement to another gentleman's agreement, while the monster grew and grew.

No-one can pretend that an agreed plan will be easy, since nothing worthwhile ever is, but will we even make the attempt? It is not restraint of trade we are talking about here, it is the very continued existence of the profession of independent retail pharmacy.



## Confusion over United Drug application

United Drug, the Republic of Ireland's second largest pharmaceutical wholesaler, are applying for Numark membership.

But there appears to be some confusion over the timing of the announcement, made at Numark's 20th birthday celebrations by managing director Terry Norris.

Although he says Numark is "in active discussion with UD" and shareholders will be discussing the matter at their forthcoming EGM on December 10, UD says the announcement is premature.

According to UD's marketing

director David Butler, the application to become a Numark member has not yet been approved by the UD board. It will not be meeting until December 8 to finalise details.

Board members will also be approving UD's year-end financial results, due to be made public in the coming weeks, at the meeting.

United Drug are the Republic's second largest pharmaceutical wholesaler after Cahill May Roberts. It made 1992 sales of Ir£76.4 million in Southern Ireland. Pre-tax profits stood at Ir£3.1m.

They also operate in Northern Ireland through their Sangers (N. Ireland) Ltd wholly-owned subsidiary in Belfast, which is already a Numark member.

If Numark members were to vote UD into the organisation, it would open up the Republic for Numark. According to the Pharmaceutical Society of Ireland, there are 1,135 community pharmacies there.

Deliveries from UD's three depots in Dublin, Limerick and Ballina serve retailers twice a day in the major cities and once a day in rural communities. They offer a full-line wholesale service.

## Numark to simplify ordering

Numark plan to simplify their ordering system by introducing common price list order forms and a centralised ordering procedure next year.

The company is to set up a working party involving their wholesale members to look at the PLOF issue with the aim of bringing together members with a core range and common pricing.

"This will create an opportunity on a national basis," says John Liptrot, Numark's group product manager. "It will also eradicate many of the anomalies and reduce the confusion that exists through many suppliers bypassing the central office."

"It is not our intention to take away local identity but to project it into a more corporate and unified offering."

Next on the cards is a more comprehensive centralised ordering and distribution system. This would be used for long-term business needs and one-off purchases. It would also allow Numark to expand further into the cosmetics and fragrance markets.

Although Mr Liptrot admits this needs a working margin to operate, it would offer economies of scale. There would be one delivery point and one invoice in the name of Numark Management.

His third initiative for next year is to increase the efficiency of transfer orders, and urges greater communication between manufacturers and wholesalers.

"Basically, can we request of you two things. One, you inform us of what you are doing before you commence selling and, second, talk to us about EDI and how we can work together in that respect."

• Numark are also changing the way they promote their activities to retail members in 1994 and are encouraging retailers to promote themselves to the public.

To save money, they are withdrawing their glossy Profit-line catalogue at the time of the March national promotion and replacing it with a larger, tabloid-size issue using newsprint.

The money released from this change will go to a national Press advertising campaign branding Numark retailers as "Health Advice Centres". This will link with new wording on shop fronts.

## Nucare into extra time

Nucare, the pharmacy buying group that grew out of the Oshwal Pharmacy Group, is giving pharmacists more time to invest in the company.

Managing director Veni Harania has extended the closing date for subscriptions again, this time until 3pm on December 15.

He had already put the closing date back to November 26 (C&D November 20, p929) but wanted to extend the deadline to the end of the year to encourage more investors, yet still give enough time to issue share certificates. The Government is not sanctioning Business Expansion Schemes of this type beyond the end of the year.

As C&D went to press, the company had raised over £400,000, £150,000 more than its target. Recent investors have included pharmacists from as far afield as Norfolk, Manchester and Liverpool, well outside the Oshwal Pharmacy Group catchment area, says Mr Harania.

Nucare will start trading from January and will have two types of members — investor members and fee-paying members.

The fee payers have to pay £180 per year to receive the same discounts as investors, namely favourable terms from manufacturers.

Although Nucare have applied to the Medicines Control Agency for a wholesaler dealer licence, they have not yet been granted one.

## Numark retailers add audit

Numark will be bringing in a series of changes for retailers in 1994, including their own audit.

The audits have been devised by the Retail Advisory Board, will be voluntary to start with, and are designed to be "accessible, not official".

"We will try to coerce people to meet the standards," says RAB chairman Peter Marshall. "But in a couple of years, we don't know. It could be a stipulation of Numark membership."

The audit will cover a number of items, from safety precautions, through professional guidelines to shop display. Retailers will be asked questions that take up about two sides of A4 paper, he says. There will be no inspectors.

Also for the coming year will be

a series of weekend business courses for retailers. Mr Marshall says: "We recognise that many pharmacists receive excellent pharmaceutical knowledge at university, but sadly very little business training."

"We need to become better retailers and, hopefully, these courses will go some way to improve our retail and business skills."

These will start in the Spring, using university accommodation to cut down on costs.

Other projects include setting up a scheme to reward pharmacy assistants for their contribution to the business, and offering retailers a banking package, currently under negotiation with the Midland Bank.



At the Numark 20th anniversary dinner, Peter Marshall, chairman of the Retail Advisory Board (centre), receives a blessing from Numark managing director Terry Norris (right) and Sandy Young, chairman

# Healthcare pushes AAH interim profit to £19.1m

Several one-off influences held sales growth down to 3 per cent at AAH's wholesale business for the six months to September 30.

The company cites the switching of Glaxo's hospital distribution into its agency arrangement, the cessation of supplies to Lloyds Chemists and an increase in direct bulk supplies to NHS regional stores.

A 9 per cent increase in trading profit to £16.6 million in the healthcare services division is more indicative of solid underlying progress, says chairman John Padovan. The division

Sales up 3pc to £46.4m
Pre-tax profit up 9pc to £19.1m
Earnings per share 14.7p
Dividend up 0.2p to 6p

showed sales up at £642.7m (£564.2m).

AAH commissioned a second automated pharmaceutical warehouse in Leeds in June and two more are to be converted this half. Construction of a major unit in Bristol is underway and due to become operational in mid-1994.

Plans to extend the services of

M&S Toiletries throughout the UK are well advanced, says Mr Padovan. The company was acquired in June, and specialises in the wholesale distribution of surplus stocks and end of line ranges.

During the first half, AAH bought a further 24 pharmacies at a cost of £5.6m. A further 11 have been added since September 30, bringing the total to 246, and negotiations are believed to be underway to add a further 30 or so outlets.

Retail sales were £46.4m (£67m including franchisees),

generating profits of £3.3m, up 37 per cent on the previous year. But gross margins fell from 5.3 to 5 per cent, reflecting measures by the Department of Health to limit dispensing costs.

Attention is being focused on building over-the-counter sales, where higher volumes enable the company to secure higher margins.

Overall, AAH lifted pre-tax profits by 9 per cent to £19.1m on a turnover of £773.1m (£679.7m). Slower than expected profit growth meant earnings per share dropped slightly to 14.7p while the dividend was up 0.2p to 6p.

## Budget is "business friendly" says retail group

Chancellor Kenneth Clarke's first Budget has been described as "business friendly" by the British Retail Consortium.

Director general James May says: "The package for small businesses is very welcome."

The single most important piece of good news, he says, is the continuation of transitional relief for uniform business rate payers for the third year running. This means the Government has cut the maximum real increase in UBR next year by a half.

Changes in the way smaller employers reimburse statutory sick pay from the Government were generally not as bad as feared (C&D November 13 p882).

An employee could claim back 80 per cent of SSP after three days of sickness, but larger businesses will lose this entitlement. More small businesses, however, will be able to claim back SSP and even sooner than before.

Before the Budget, employers paying under £16,000 in National Insurance contributions could reimburse SSP in full after six weeks of sickness. This threshold has now been increased to £20,000, with employers able to claim in full after four weeks.

From next April, there will also be a 1 per cent reduction in the lower rates of NI paid by employers to encourage them to take on lower paid workers.

The overall savings to business



Clarke: help for small firms

from these NI changes will be £830 million next year, rising to £1 billion in the year 1996-97.

To help smaller companies, the Chancellor announced a series of measures.

First, the Government will look to streamline the whole taxation and NI process by using the same paperwork for both sets of calculations. And the VAT paying threshold will be increased from £37,600 to £45,000, allowing 75,000 more traders to opt out.

Mr Clarke acknowledges hardships faced by smaller businesses when faced with financial audits, and has exempted companies with turnovers less than £90,000 from them.

To reduce the problem of late payments, he is looking into

setting up legislation to allow interest to be charged on them. How late a payment would have to be before interest is charged was not clarified.

Raising finance is another area Mr Clarke has earmarked as important for encouraging business, especially the growth of small, unquoted ones.

This year sees the end of the popular Business Expansion Scheme, a way of raising share capital that brings substantial tax advantages. It was a scheme followed by Sants and Nucare towards the end of the year.

To replace it, the Chancellor announced the Enterprise Investment Scheme, which differs from BES in a number of ways. Property-related investments will be exempt from the scheme, there will only be tax relief at 20 per cent, and there will be an £100,000 investment limit per person a year. Like the BES, an investment will be free from capital gains tax.

The Government has cut the amount of CGT payable to encourage more entrepreneurs. Now, the first £250,000 is exempt from CGT rather than the first £150,000. And there is half exemption for the next £750,000 rather than the next £450,000.

There will be no rate change for corporation tax, although 30,000 fewer companies will have to pay it.

## Go-ahead for Sunday Bill

The Sunday Trading Bill was given its second reading in the House of Commons on Monday, with 311 votes for and 26 against. All MPs who spoke in the debate wanted the law changed one way or another.

Home Office Minister Peter Lloyd said the Government was firmly opposed to statutory premium pay for Sunday working, which would be impossible to enforce and could drive small shops out of business.

## J&J to buy RoC skincare

Johnson & Johnson are buying RoC, the hypo-allergenic skincare brand, for an undisclosed sum.

The deal is subject to French Government approval but, if it goes ahead, it will leave RoC's present owners to concentrate on perfumes and beauty products.

The brand became part of the LVMH luxury goods empire in 1987 and is sold in 50 countries from 50,000 outlets. Most are pharmacies.

Sales in 1992 reached £2.6 billion for 25 million units worldwide, with particularly strong growth outside France.

Turnover has increased 70 per cent outside RoC's home market in the past three years. Exports make up more than two-thirds of total sales, with Italy taking the bulk of these export orders. Sales in the UK are handled by RoC's own representatives.

RoC have subsidiary companies in Italy, Spain, Germany, Belgium, Japan, the Netherlands and the US, as well as the UK. Markets recently opened up include the US, South Korea and Venezuela.

Once the sale is complete, LVMH say they will concentrate on their Christian Dior, Givenchy and Kenzo brands.

## Sales boost of 14% for Lloyds

Lloyds Chemists plc have boosted total group sales to over £350 million in the 21-week period since June 30 when the company announced its preliminary results. This is a 14 per cent increase over the same period last year.

Chairman Allen Lloyd, speaking at Lloyds' annual meeting on November 26, said:

"Current trading is very satisfactory and has improved since October 7 when we announced our preliminary results."

Sales in the chemist division (853 outlets) are 9 per cent higher on a like for like basis.

Mr Lloyd said results from the wholesaling operation, Barclay Enterprise, are "particularly

pleasing, with external sales in the year to date already in excess of £70m".

Own-label development moves ahead with over 2,000 lines on sale. Electronic point-of-sale is now installed in 826 of the company's total of 1,454 pharmacies, drugstores and health-food outlets.

# BCA members to hold protest meeting against sale

An open letter to shareholders in Bradford Chemist Alliance is urging them to attend an evening meeting on Monday, December 6, if they are concerned over the proposed sale of the wholesaler to rivals Unichem.

The letter, from 11 prominent shareholders, says the meeting, to be held at the Bankfield Hotel, Bingley at 8pm, will provide a chance to discuss the issue in advance of the annual and extraordinary meetings being held on December 13.

"It is felt that the EGM will be an emotive night and that a meeting in advance will gauge the level of support from members opposed to the offer."

The shareholder signatories to the letter question whether the BCA board have made the right decision in recommending the offer. "If there are problems around the corner, what are these problems and is it not possible to overcome them?" they ask.

Many shareholders are concerned that members of the board have engineered the situation for

their own benefit and not for the benefit of most shareholders, it is alleged.

Those who are unable to attend the meeting but who would like to register support against the

offer are urged to contact one of the letter's signatories:

Gordon Butler, Ian Conquest, Elliot Goran, David Grant, Gillian Hawksworth, Dick Hazlehurst, Ian Kemp, Alan Leedham, Peter Marshall, Andrew Tylee and John Walker.

## Vote for an independent BCA

An EGM has been called for December 13 to consider the possible takeover of BCA, the Bradford-based independent wholesaler, by Unichem.

BCA is one of the largest regional wholesalers with an excellent record of growth and profitability. Like Unichem before its flotation in 1990, the company is owned by its pharmacist customers and is well known in the area for the quality of its service.

Given these factors, it is puzzling that the board of BCA feel that they can recommend the offer, since the only apparent advantage of accepting would appear to be a short-term financial gain.

For most of its customers, the loss of BCA as an independent organisation would mean a reduction in choice of supplier — indeed the choice would be between the big three wholesalers only for many customers.

There would be the loss of BCA's excellent discount structure and the possible loss of Numark own-brand goods, not to mention the possibility of some of the staff at BCA losing their jobs. I would urge all those who have a say in the matter to vote against acceptance of this offer.

**Elliot Goran**  
York



Norman Stoller (second left), chairman of Seton Healthcare, was awarded an Honorary Master of Science at University College Salford's recent graduation ceremony. Pictured with Mr Stoller are (left to right): Professor Tom Husband, vice-chancellor of University College Salford; Dr Peter Woodford, former scientific officer at the Department of Health who received an Honorary Doctor of Science; and John Squires, principal at the University

## Importer wins interim order

Parallel importers Primecrown Ltd have been successful in obtaining an interim order from the High Court preventing the Medicines Control Agency revoking the PI licence the company holds for Ditropan.

At the end September, the MCA wrote to the company informing it that the PL(PI) allowing Primecrown to import Ditropan 5mg from Belgium had been invalidly issued. The MCA said there was not a sufficient link between the British and Belgian manufacturers to meet the requirements of the PL(PI) scheme.

While Smith & Nephew market Ditropan in the UK under licence from Marion Merrell Dow, in Belgium the licence holders

are Merrell Dow themselves.

Primecrown commenced proceedings in the High Court for a declaration that the MCA had no power to declare the licence invalid.

The case was heard in the High Court on November 26, when the Agency's solicitors consented to Primecrown's application for the suspension of the MCA's decision pending a full hearing.

S&N sought an adjournment of the hearing, and in court maintained they were entitled to be heard on Primecrown's application. S&N contended that the MCA was correct to revoke the licence but the judge decided against them. He ruled that S&N could not be heard.

## Glaxo put focus on POMs

Glaxo chief executive Dr Richard Sykes has reiterated the company's focus on prescription medicines and involvement in every stage of the pharmaceutical product lifecycle.

At a recent meeting for investment analysts, he confirmed Glaxo's intention to continue to invest in innovation, although he warned that the pressures on healthcare budgets were affecting the business environment.

Medical director Dr Joe Feczko told analysts that the company currently has more compounds in full development and more regulatory filings placed in the short-term than at any other time in its history. Five compounds for which Glaxo plans to file for regulatory approval between 1994-96 include:

- Ondansetron for patients with mild dementia of the Alzheimer type
- GR921323X, a hypoglycaemic for non-insulin dependent diabetes
- Ranitidine bismuth citrate, for acute duodenal ulcers
- lamivudine, developed for treatment of HIV infection, but also able to suppress hepatitis B
- Remifentanyl, an analgesic/anaesthetic agent.

Multidose powder inhalers are to be introduced for Serevent and Flixotide, pending submissions beginning in 1994.

## COMING EVENTS

### Monday, December 6

**Southampton Branch, RPSGB.** at the PGMC, Southampton General Hospital, 7.30 for 8pm. "Complementary medicine" by John Chapman of Winchester.

**Derby Branch, RPSGB.** at the Postgraduate Medical Centre, Derbyshire Royal Infirmary, 7.30 for 8pm. "Smoking cessation and the pharmacist" by Dr J. Mindell.

**North Metropolitan Branch, RPSGB.** at the School of Pharmacy, WC1, 7.30 for 8pm. "Skin disorders and counter prescribing" by Dr N. D. Harris, Society speaker.

### Tuesday, December 7

**Northern Scottish Branch, RPSGB, joint meeting with Moray and Banff Branch** at the Tennant Arms Hotel, Lhanbryde, 7.45 for 8pm. "Homoeopathy — medicine, myth or magic?" by Mrs Christine Glover.

**Bath Branch, RPSGB.** at the Gainsborough Room, Pratts Hotel, Bath, 8pm. "Better driving" by Sergeant David Butler, police driving school instructor.

**Fife Branch, RPSGB.** at Dunnikier House Hotel, Kirkcaldy, at 7.45pm. "The work of Age Concern" by Joyce Cormie of Age Concern.

**Cardiff RPSGB and Pharmacists Association joint meeting with the Gwent Branch** at the South Glamorgan County Club, Cardiff, 7.30pm. **Liverpool Branch, RPSGB.** at Crosby Civic Hall, Crosby Road, at 7.30pm.

### Wednesday, December 8

**Hull Branch RPSGB and Pharmacists Association.** at Pearson Park Hotel, 7.30 for 8pm.

**Stirling and Central Scottish Branch, RPSGB.** at Park Hotel, Falkirk. "Successful perfumes" by Dr Carol Burnham, of Robertet.

**Sheffield Branch, RPSGB.** at The Jessop Hospital for Women, 7.30 for 8pm. "The role of the forensic pathologist" by Professor Michael Green of the University of Sheffield.

### Thursday, December 9

**Glasgow and West of Scotland Branch, RPSGB.** at the Western Infirmary, 8pm. "Pharmaceutical antiques" by Mr Joe Richards.

## Unichem extension

Unichem's initial one-year appointment as prime wholesaler for Guy's & Lewisham NHS Trust and West Lambeth Health Authority has been extended for a further two years.

## AAH helpdesk

The company's LINK helpdesk will not be available on the morning of December 4 because the group's computer services department is on the move. Normal service will resume on Monday December 6 with the new number 0928 579678.

## Wrafton profit

Wrafton Laboratories have reported half-year profits of £956,000, an increase of 89 per cent on the previous year's figures. The company, formed in a management buyout from American Home Products Corporation, also reported a 10 per cent increase in turnover to £5.2 million.

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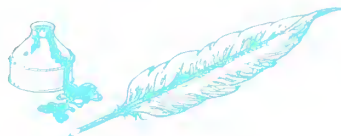
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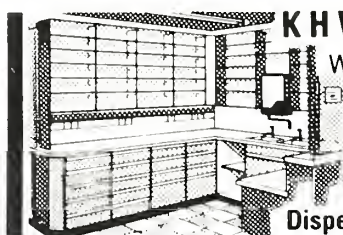
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**RELIABLE PHARMACIST** - Required one or two evenings per week 5-7pm. Tel: 061-226 3179.

**HARROW, MIDDLESEX** - Locum pharmacist for alternate Sunday mornings 10am-1pm. Tel: 081-340 1440.

**LONDON N4** - regular Saturday locum required, hours 9-5.30pm, wanted from January. Tel: 071-272 3967.

## SITUATIONS WANTED

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**LONDON & HOME COUNTIES** - Community pharmacist available 25, 26, 27 December. Tel: 0255 672845 daytime.

**SURREY/SUSSEX** - Within reasonable distance of Gatwick, experienced pharmacist seeks regular three or four days a week from early January. Tel: 0293 521720.

**ESSEX, MIDDLESEX, HERTFORDSHIRE** - Reliable pharmacist available days or full week December 13-18. Tel: 081-554 2253.

**WALES, SOUTH, EAST & MID** - Reliable, experienced locum pharmacist available for regular days, short and long term as well as emergencies. Tel: 0850 927939 or 0222 342610.

**SOUTH CHESHIRE & SURROUNDING AREAS** - Experienced community pharmacist available for regular/occasional day(s) each week. Tel: 0270 768207.

**LIVERPOOL & NORTH WEST** - Pharmacist locum available. Tel: 051-260 1332.

**MANCHESTER & STOCKPORT** - Locum available. Tel: 061-428 7710.

**NORTH LONDON** - Reliable locum available for odd days/part time with short notice. Tel: 081-884 3780.

**MIDLANDS** - Experienced pharmacist based in Hinckley, available for locum work from January 1994, regular bookings or odd days, will travel. Tel: 0455 851043.

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**BIRMINGHAM/WOLVERHAMPTON AND 20 MILES RADIUS** - Experienced locum pharmacist available for long or short term bookings, weeks or days, from Tuesday 18 Jan 1994 onwards. Tel: 021-523 8125 after 7pm.

**GREATER LONDON OR NEAR COUNTIES** - Pharmacist available for regular or occasional Saturdays. Tel: 081 771 3300.

**MATURE EXPERIENCED LOCUM** - Available, can travel if accommodation provided. Tel: 071-739 4826.

**ESSEX/ HERTFORDSHIRE/ MIDDLESEX** - December 13-18 inclusive available for locum work, days or full weeks. Tel: 081-554 2253.

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# Aboutpeople

## Children in Need dash

John Liptrot, product group manager for Numark, made a quick dash to the BBC on Friday night to donate £1,275 to the Children in Need appeal.

The money was raised in a raffle at Numark's 20th anniversary dinner in which a portable TV, autographed children's books and a mountain bike were among the prizes donated by Procter & Gamble, Usborne Publishing and Sun Nutritional.

Mr Liptrot made an on-the-spot decision to take the money to the Children in Need studios, and jumped into a taxi accompanied by Susan Ashcroft, Mike and Dorothy Brown, Roger Beazer of Sterling Health and Chris Johnson of Rhône-Poulenc Rorer. They persuaded the driver to take them to the BBC and bring them back for just £5 — it was for a good cause after all.

"There was a lot of police and security," said Mr Liptrot. "We told them we were from Numark and had a donation and somehow we managed to get through to the studio without tickets."

The money was handed over to DJ Simon Mayo and they were allowed to watch the rest of show.

A further three-figure number is expected for the charity from leading suppliers who sponsored the menu card on the evening.

● Unichem have sold 325,000 pairs of 3D glasses through pharmacies so far. Each sale donates 25p to Children in Need.



It's not that Mike Johnstone (left) and John Steward are frightened to death by the new remuneration package because they don't stand a ghost of a chance of survival, they say, but they were just entering into the spirit of Christmas. The staff at Ashdale Pharmacy in Uppingham, Leicester, were merely taking part in the town's Dickensian evening by following the "Christmas Carol" theme and dressing up as the spirits of Christmas. The evening was apparently rounded off by enjoying a few other Christmas spirits to bring the ghosts back to life!

## Aberdeen pharmacy wins elderly care award

It was the customers at Holburn Pharmacy in Aberdeen who nominated the pharmacy for the Aberdeen City Council customer care award for excellent care of the elderly.

The awards were publicised throughout Aberdeen as part of the European Year of the Elderly. After all the nominations were received, judges from the council interviewed staff at the shop and inspected the premises.

A few weeks later, Brian

Christie, proprietor pharmacist, heard that he had won first place in the under ten employees category.

Mr Christie says there is a large percentage of elderly people in his area and also some sheltered housing.

"We provide a collection and delivery service every day except Sunday," he said. "I'm sure that there are other pharmacies in the area which provide this service. I'm not sure why we were picked for the award."

Mr Christie said that the shop had recently been refitted and had some toilets added for the disabled, which he thought might have helped towards winning the award.

The staff at Holburn Pharmacy are obviously dedicated to their collection and delivery service, as Mr Christie told us that the morning C&D spoke to him, he had three extra phone calls for the service. Deliveries would be going out that day to see those people, despite them not being regular customers.

A plaque declaring the award will now have pride of place on the wall in Holburn Pharmacy. It was presented at a civic reception hosted by Lord Provost James Wyness.

## APPOINTMENTS

### New md at Tatford

Numark members Graham Tatford & Co have appointed Malcolm Gutherie as the third managing director in their 50-year history.

Mr Gutherie takes up his position at the Portsmouth-based wholesaler in the new year.

He joined Tatford in 1992 as Numark development manager after spending his working life in the industry.

He succeeds Don Mulholland who stays on as chairman. Mr Mulholland will also represent the company at the British Association of Pharmaceutical Wholesalers.

Kirit Patel from Surrey is to join the NPA Board. He was elected unopposed to replace Peter Gleeson, who retired last month.

Following Joe King's resignation as an NPA representative on the PSNC, Martin Bennett (Sheffield) was nominated to serve.

John Wheater has been appointed secretary for the Rochdale & District Branch of the NPA. He succeeds Roy Lane.

Anna Durose has been appointed marketing and sales director, and chief pharmacist for A. Nelson & Co Ltd.

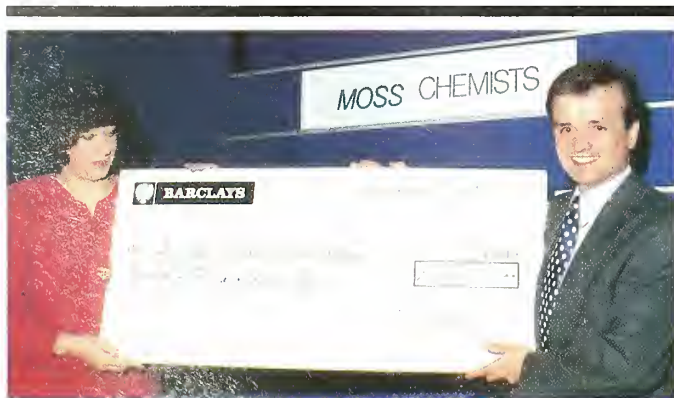
Fisons has appointed Dr Derek Roberts a non-executive member of the Board of directors. He is provost of University College London.

## Lost for words

Counselling patients can be something of an art form, especially when the matter involves personal relationships.

Mike Stevens of Tesco Pharmacy, Roundhay Road, Leeds, was left struggling for words when asked recently at the counter by a female customer: "Where do I sign for my husband's infidelity?"

It turned out the husband was an invalid and the good lady merely wanted to endorse his prescription correctly!



This year's fund-raising campaign by Moss Chemists for the MacMillan Nurse Appeal was a great success. Caryl Webb, retail operations director, handed over £25,000 to the appeal, which will pay for a nurse for one year. David Scott-Ralphs, fund-raising manager for MacMillan Nurses, received the cheque at the Moss Chemists Assistant of the Year evening at Kempton Park

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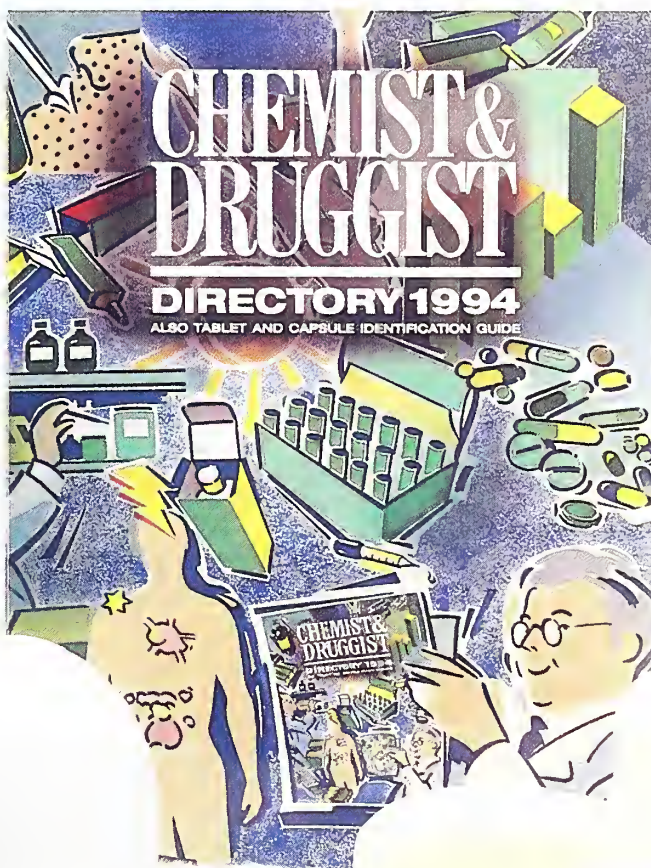
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Gaviscon protects the oesophagus by forming a *physical alginate barrier* which keeps acid in the stomach – where it works, and away from the sensitive oesophagus lining – where it hurts.

Gaviscon stops acid reflux and relieves the pain of heartburn in 8 out of 10 patients.\*

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**Prescribing Information.** Active Ingredients: Liquid: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 250 Tablet: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Gaviscon Liquid: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Gaviscon Liquid: Adults and children over 12: 10–20ml, children 6–12: 5–10ml liquid after meals and at bedtime. Gaviscon 250: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 62mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0103 Gaviscon 250. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Danson Lane, Hull HU8 7DS. GAVISCON<sup>®</sup> and the sword & circle symbol are trademarks. **Date of preparation:** 1/3/93 **Reference 1:** Chevrel B. (1980) *J. Int. Med. Rev.* 8: 300–302.

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